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OUT OF THE SHADOWS; A PROGRAM OF EVALUATION AND PREVOCATIONAL TRAINING FOR MENTALLY RETARDED ADULT FEMALES.

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An 8-week residential evaluation and prevocational training program for retarded females (ages 16 to 21, IQ's 50 to 75) at a multiple disability rehabilitation center is described. The project plan is outlined as to purpose, application procedure, admission criteria, advice and consultation, facilities and equipment, and functions of the project staff. Data on the project program treat evaluation, personal and social adjustment, evaluative criteria, utilization of volunteers and students, and views of the social worker and the medical consultant towards the program. The 171 clients are described by referral sources, prevalence of secondary disabilities, geographic distribution, clinic factors, psychometric data, socioeconomic factors (family), disposition of project cases, and cost. The discussion of work placement success includes characteristics of 59 rehabilitated clients, factors related to work placement success, psychometric data, adjustment, and other data. Case summaries and the counselor's opinion of project services are presented. Employer attitudes toward the mentally retarded are explained in terms of scoring procedure, comparison of group responses, and personal factors related to total attitude mean score. (JD)

OUT OF THE SHADOWS

A Program of Evaluation and Prevocational Training for Mentally Retarded Young Adult Females

State Board of Vocational Education
Division of Vocational Rehabilitation
Charleston, West Virginia

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OUT OF THE SHADOWS

A Program of Evaluation and Prevocational Training for Mentally Retarded Young Adult Females

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Charleston, West Virginia
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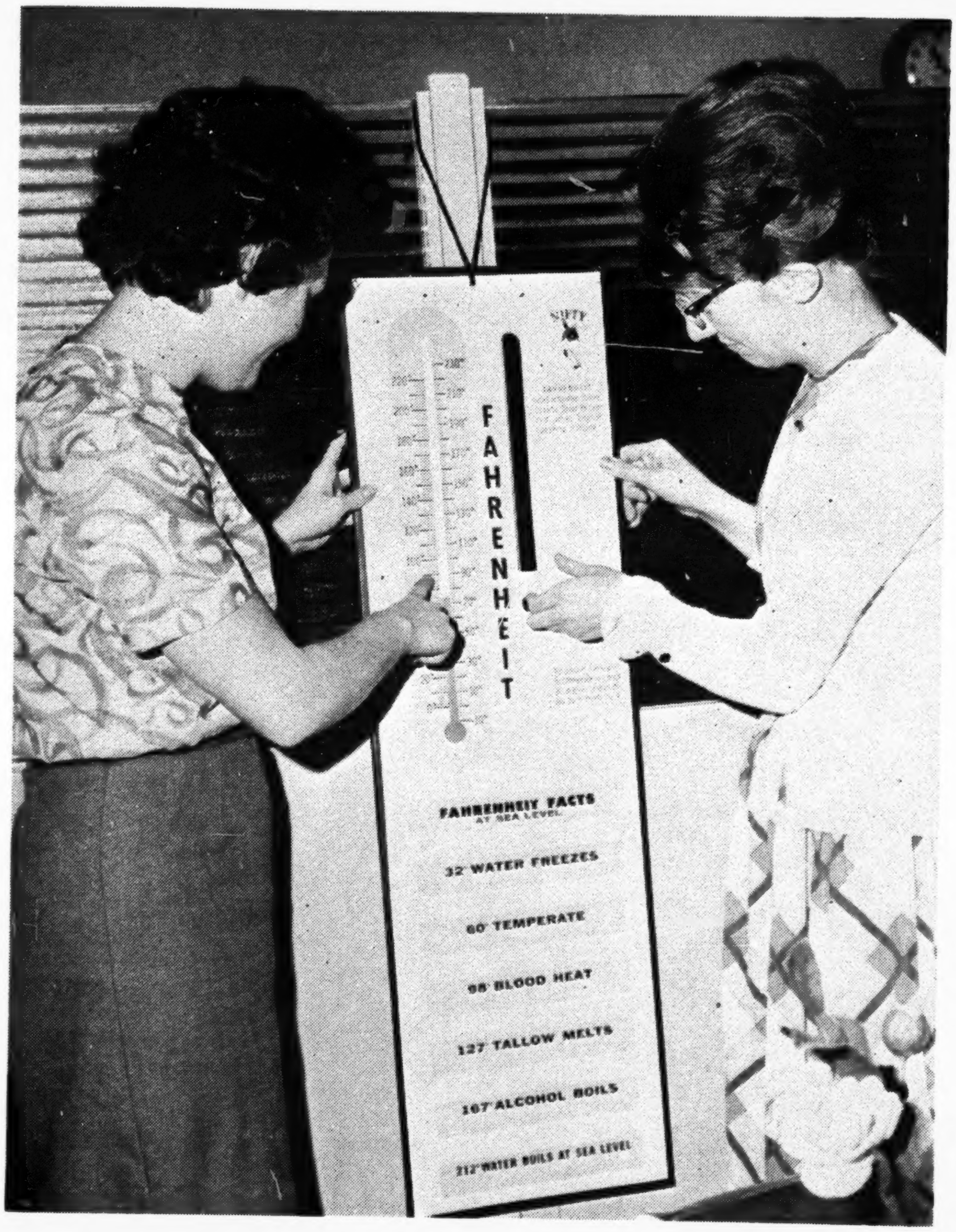
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FAHRENHEIT FACTS
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32° WATER FREEZES
60° TEMPERATE
98° BLOOD HEAT
127° TALLOW MELTS
167° ALCOHOL BOILS
212° WATER BOILS AT SEA LEVEL

FOREWORD

The following story was written by a 17-year-old mentally retarded girl enrolled in Project 957 at the West Virginia Rehabilitation Center near Charleston.

In putting her thoughts down on paper, Adele—the author of this tender narrative—was given considerable help by a member of the project staff. Nevertheless, the feelings and the personal observations expressed throughout the story are the girl's very own.

Adele has a story here that should be told to the people of America. In her own simple way, she conveys more information about the problem of mental retardation than an entire shelf of scholarly publications. Hers is the type of story that can break down the barrier of public apathy, promote better understanding, and move people to action.

MY TRUE STORY

My name is Adele. I am 17 years old. I am happy just like all other 17-year-olds. I don't have as many friends as others my age. I don't know why. I think it is because I am not as smart as the other girls that live on my street.

A long time ago the kids used to call me names, but now they just act like I'm not even there. Sometimes, I still hear them whisper when I pass them on the sidewalk.

I like to do things other girls my age do. I like to dress up real pretty and go to parties and dances. I like to go to movies and maybe take a walk on Saturday afternoon with a boy and sometimes hold hands. But no boys ever ask me to go for walks. Even when boys do, they want me to do things and not tell my mother. But I know these things are wrong and I love my mother.

I used to know more people than I do now. I had some friends when I went to school, but I hated school and I'm glad that I don't have to go anymore even if it does mean that I won't have any friends to watch television with.

My brothers and sisters are nice to me sometimes. But they never take me any place. My mother is too busy to be bothered and my daddy is too tired when he comes home from work. Sometimes when everyone else is at school and I am home with my mother, she will help me sew a little and then I help her with the house work. I don't mind doing a little work because I get awfully tired of sitting and looking out the windows.

One day a very nice man came to see me. He said one of my teachers at junior high school had sent him. He said there was a place where I could go for a few months and learn to cook and sew and have fun with other girls just like me who were lonely and didn't have anything to do. I didn't know how long a few months was but it sounded like I would like it. My mother wasn't sure she wanted me to go. She cried a little bit, but finally said I could come. Then I got scared. I had never been away from home before except to Grandma's over the weekend sometimes.

I didn't have pretty clothes like the other girls where I used to go to school and I was afraid I would be the only one at this new place that didn't have a beatle wig. I really shouldn't have worried because the day I got there I met a very nice lady with a smile and she showed me a bedroom where I would be sleeping and then a big room where they have a stove and a refrigerator, and a sink and a sewing machine. Everyone was having a good time and there were some other girls and no one really cared whether I had a new dress and some new shoes.

We got to do a lot of things like go to the Capitol and go shopping and see a big house where some famous person used to live and boy this house had some animals in the basement and some pictures upstairs that were real pretty. We went to the zoo and one time we went swimming and had a picnic. Once we got to go to a real baseball game.

We had dances too and some boys asked me to dance and I met this one boy and was he cute. Sometimes we would sit outside on a bench and once he told me about his family and his dog and I told him about my brothers and sisters and he said sometimes he was lonely too and I told him maybe there were a lot of people who had things to make them unhappy sometimes.

But everything wasn't just fun at this place. We had to work and work pretty hard too. Sometimes they would teach us a little about spelling and arithmetic but it wasn't like in school because they didn't get mad if you didn't do everything just right. And they never made me do anything that I couldn't do. But I found out I could do a lot of things I didn't know I could do like make a dress and I was so proud when I wore it, and we painted on some materials and it was real pretty and I had never been able to paint so pretty before.

And one day we cooked a whole meal and the man in charge of our class was there and he said everything was real good. I helped make the salad and I got to fix the iced tea all by myself. Everyone said it was real good and you know something, it was.

There were a lot of other people in a lot of other classes and some of them had things wrong with them like not having any arms or sometimes they were in wheelchairs but they didn't feel sorry for themselves and that they had more problems than I did and they were happy so I got to thinking I was pretty lucky to be able to do things so I tried all that much harder to learn.

These people were real nice and they wanted me to be nice too. I never was able to take a bath everyday because there were so many in my family. But they taught me that sometimes it is okay to stay up a few minutes longer at night or get up a few minutes early just so I can be clean and you know something, I feel better when I wash my hair and take a bath and really try to look pretty. I never had any reason to look so pretty at home because there was just my family but these people said if we love our family then they should be more important than anybody and that we should look pretty for them and they would notice us more and be nicer to us. And it's true.

I went home for one weekend and my parents said I was prettier than they had ever seen me. I wore the new dress I had made all by myself. My brother and his girl friend even took me with them to a drive-in and we got something to eat. I was glad to be home but I didn't mind when I had to go back to this new place because I missed all my new friends.

One weekend I went home with another girl in my room. I didn't see her father while I was there but her mother was okay. She didn't treat my friend like my mother treats me. She talked nasty to her and made her work all weekend and we didn't get to do too much except that I helped her with the work and we got done faster and then we had time to go to a movie and we went to town and bought some things.

I bought her mother a little bottle of perfume and when I gave it to her, she cried and hugged me and then hugged her daughter and then went upstairs. I didn't know if I had done the right thing but when I told my teacher on Monday when I went back to school, she said the mother probably just didn't know how to say thank you because no one probably ever gave her a nice present before.

Then I got to thinking that I never gave my mother a nice present. I always thought she knew I loved her but maybe it would be nice to take her something so my teacher helped me to make a jewelry box and we put some paper around the outside and it stuck right where you put it and we put some flowers on top and when I took it home and gave it to my mother, she cried too. Golly, I never cry when anyone gives me anything, but then I'm not a mother.

Well, before I knew it, it was time to go back home. They say I'll get to come back in a few months and take some training. I want to learn to sew so I can get a job and make some money so I can help my mother and daddy and maybe buy some nice things for my brothers and sisters.

I think I can get a job at a factory here in the town where I live. They make clothes and they need people to sew up seams all day. I think I could do this and mother said if I get the job then I can save my money and buy my own sewing machine and then I'll make some dresses and pretty clothes for myself and my mother and my two sisters.

If a man comes to your house and asks if you want to come to a place and learn to work so you can get a job and have some money and meet some people and have a good time and everything, don't be afraid. You'll really like it here and maybe I'll get to be your friend when I come back for sewing training.

PREFACE

The need for expanding services to the mentally retarded is a matter of great concern in West Virginia and has been assigned high priority in program planning. The late President John F. Kennedy said:

> The manner in which our Nation cares for its citizens and conserves its manpower resources is more than an index to its concern for the less fortunate. It is a key to its future. Both wisdom and humanity dictate a deep interest in the physically handicapped, the mentally ill and the mentally retarded. Yet, although we have made considerable progress in the treatment of physical handicaps, although we have attacked on a broad front the problems of mental illness, although we have made great strides in the battle against disease, we as a nation have for too long postponed an intensive search for solutions to the problems of the mentally retarded. That failure should be corrected.

Governor W. W. Barron asked, in 1963, for the expansion of services to the mentally retarded in West Virginia. The West Virginia Legislature, during its 1964 session, established a Commission for the Mentally Retarded. For a number of years the West Virginia Division of Vocational Rehabilitation has provided services for the mentally retarded. In relation to the needs of the mentally retarded, however, this has been a token program. The lack of knowledge, special facilities, trained staff, and adequate financing have been major obstacles to expansion in this area.

In recognition of these needs, Project 537, "Development of a Statewide Program of Vocational Rehabilitation Services for the Mentally Retarded," was developed as the initial or fact-finding phase of a long-range program for the mentally retarded. As an outgrowth of this study, Project 957, "A Program of Statewide Vocational Rehabilitation Services for the Mentally Retarded," was initiated in May, 1962.

Project 957 involved an eight-weeks' adjustment and evaluation course for mentally retarded girls within the approximate age range of sixteen and twenty-one. The site of the Project was the West Virginia Rehabilitation Center at Institute. The program was built around a domestic arts workshop which included dormitory quarters, a model kitchen, a dining room area, a laundry, and a classroom.
Primary objectives of the Project were:

1. Evaluation and prevocational conditioning directed toward an eventual goal of employment
2. Provision of social, personal, and job adjustment evaluation and training according to individual needs
3. Development of better attitudes, skills, and work habits so that the girls may become as productive and useful as possible

4. Determine the effectiveness of a program of homemaking activities in preparing mentally retarded girls for employment
5. Development within the community of a better understanding and acceptance of the mentally retarded

The initial steps taken by a mentally retarded person in the rehabilitation process are of crucial importance. Furthermore, the initial steps taken by a rehabilitation agency are crucial in the development of an effective program for the mentally retarded. Through Project 537 and Project 957, the West Virginia Division of Vocational Rehabilitation has made a beginning and can see the wide expanse of opportunities for services to the mentally retarded.

F. Ray Power, Director

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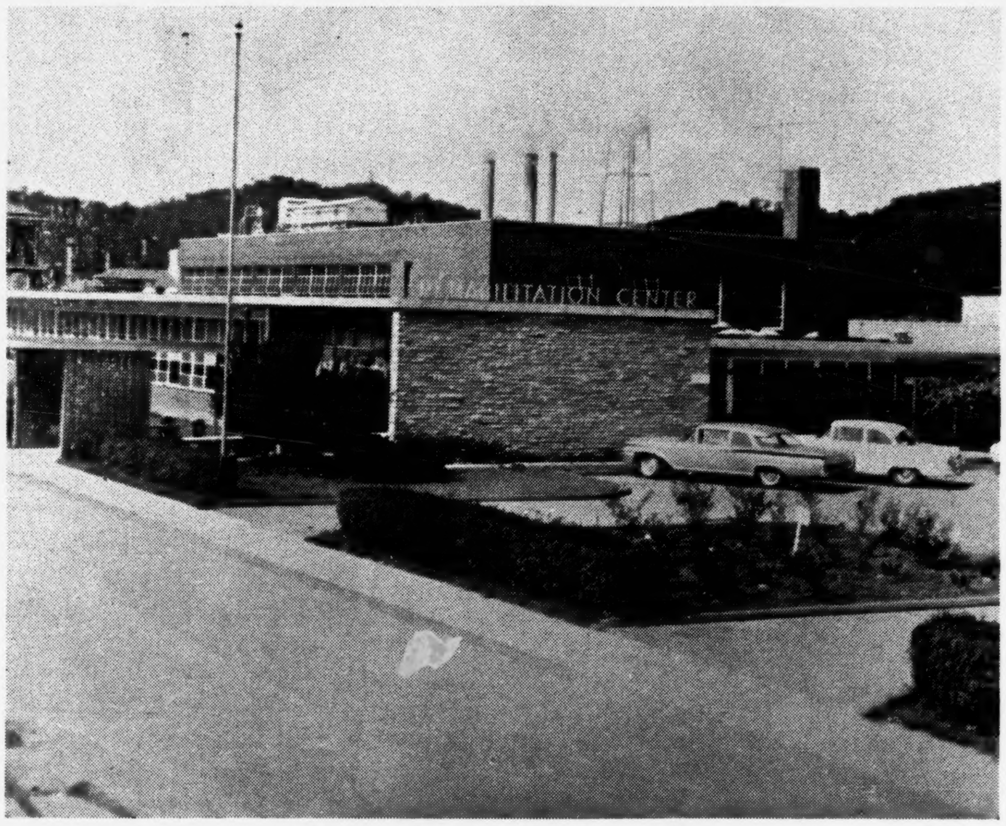
Chapter I. Introduction

Project 957, A Program of State-Wide Vocational Rehabilitation Services for the Mentally Retarded, was approved by the Vocational Rehabilitation Administration on May 1, 1962. The sponsoring organization for the Project was the West Virginia Division of Vocational Rehabilitation (DVR). The Project was located at the West Virginia Rehabilitation Center, a DVR facility, at Institute, 3.5 miles from the state's capital city of Charleston. The general purpose was to provide experience and findings for planning further development of the state-wide program of services for the mentally retarded.



West Virginia Rehabilitation Center

On February 15, 1962, the West Virginia DVR completed Project RD-537, "Development of a State-Wide Program of Vocational Rehabilitation for the Mentally Retarded," which was an initial, or fact-finding and planning phase, of a multi-phase project. Project 957 was based upon the experience and findings of this original project.

Purpose

Project RD-537 included a survey of the literature; a survey of resources within the state; and a study of such basic questions as the nature of mental retardation, the needs of the mentally retarded, and means of meeting these needs. The present study may logically be regarded as Phase II of the multi-phase project, for it attempts to translate into action findings of the first phase, and thus provide the Division with experience and findings for planning further development of the state-wide program. It is anticipated that future expansion will follow the pattern set in Phase II and will involve the development of similar programs for other homogeneous groups of the mentally retarded.

The primary objectives of Projects 957 (Phase II) were as follows:

(1) To provide evaluation and prevocational conditioning for mentally retarded girls, directed toward a goal of employment. (An eight-weeks' residential course at the West Virginia Rehabilitation Center.)

(2) To provide personal, social, and job-adjustment evaluation and training according to individual needs.

(3) To develop attitudes, skills, and work habits to the highest potential, so they may become as productive, useful, and participating members of society as possible.

(4) To study the effectiveness of a program of Domestic Arts (Homemaking) evaluation-adjustment training to help prepare mentally retarded girls for employment.

(5) To develop within the community a better understanding and acceptance of the mentally retarded.

(6) To develop a useable and functional curriculum that can be adopted by other rehabilitation centers and special education programs.

The Evaluation and Prevocational Conditioning Course was an evaluation-adjustment course, consisting of eight-weeks' residence at the West Virginia Rehabilitation Center. It was built around activities related to domestic and homemaking employment.

The course included instruction in activities of daily living, domestic arts, and actual productive work activities such as maintenance of own living quarters and personal effects, and laundry activities, including ironing. Evaluation-adjustment training occurred within the homemaking classroom as well as in those activities which took place in the girls' living quarters.

The EPVC Course enabled the staff to identify and evaluate interest, aptitudes, and skills; to teach constructive work attitudes, habits, and good manners to teach good habits of personal hygiene, grooming and dress; to teach effective social techniques, and to foster wholesome social relationships and opportunity for achievement.

Other long-range objectives of the EPVC Course were: (1) to serve as a nucleus for a total program of vocational rehabilitation services including case finding, evaluation, preparation for employment, job placement, and public relations; (2) to make extensive use of audio-visual aids in teaching; (3) to determine the effectiveness of various motivation devices, including monetary remuneration for piecework production, friendly competition, and awards for achievement (each client received a certificate upon completion of the program); (4) to engage the clients in realistic work activities; and (5) to serve as a laboratory for research and demonstration and as a training ground for staff development.

Specific objectives which were important for individual clients were in the personal and social adjustment areas, and with this in mind the following areas were stressed: (1) being at work on time; (2) coming to class every work day; (3) completing assigned tasks; (4) wearing appropriate clothing; (5) learning to ride public transportation; (6) displaying proper respect for peers and supervisors; (7) budgeting money; (8) following directions; (9) general housekeeping; (10) socialization; (11) learning to tell time, count, read rulers, scales; (12) kitchen activities; (13) simple sewing; (14) general laundry activities; (15) personal grooming; (16) rehabilitation for activities of daily living; (17) doing quality work; and (18) increasing speed.

The Setting

The West Virginia Rehabilitation Center was established on July 1, 1955, as a multiple disability center—a complex facility equipped and staffed to serve all types of disablements—and is composed of nine fireproof buildings situated on a 35-acre tract of level land. With a present capacity of 450, the Center provides services under four broad categories —vocational evaluation, rehabilitation treatment, vocational training, and sheltered workshop activities.

THE WEST VIRGINIA REHABILITATION CENTER is located on a 35-acre tract of land 3.5 miles west of the state's capital city of Charleston. The Center complex is outlined in this picture by dotted lines. West Virginia State College, also enclosed by dotted lines, is situated just to the right of the Center grounds in the above aerial photo.

Survey of the Literature

Rogers (31) in 1962, found resources in West Virginia to be quite limited for the mentally retarded in meeting three of their basic needs—needs of life, need for interpersonal relationships, and need for work. A survey of the literature relative to integrating mentally retarded girls within a multiple-disability rehabilitation center reveals that few attempts have been made in this direction. Rogers (31) further found that one of the principal obstacles to the rehabilitation of the mentally retarded was placement and states, "Employer prejudice toward all handicapped, but particularly toward the retarded, certainly is a major obstacle to employment. Ways and means of overcoming employer prejudice toward retardates, for the most part, are yet to be developed."

This present study suggests that individual differences in employer attitudes toward the mentally retarded should be a major premise in the contacts which rehabilitation counselors make, and the relationships they develop, with management personnel.

For a number of years the West Virginia DVR has provided services for the mentally retarded, but in relationship to their total needs this has been a token program. The lack of knowledge, special facilities, trained staff and adequate financing have been major obstacles to expansion in this area.

During the 1962-63 fiscal year there were 3,799 persons rehabilitated by the West Virginia DVR. Only 137 or 3.5 per cent were mentally retarded. During the past eleven years there have been 28,075 persons rehabilitated of whom 622 or 2.2 per cent were mentally retarded. Based on the 1960 census there were 1,860,421 persons in West Virginia which would indicate there are 55,812 mentally retarded in the State, utilizing the estimate that three per cent of the population in the United States is mentally retarded.

On January 1, 1963, there were 544 mentally retarded clients in active status with the DVR—363 males and 181 females. Evidence during the past eleven years indicated that W. Va. DVR was providing more service to mentally retarded males than to females. Here then, through the approval of Project 957, was an opportunity to demonstrate the effectiveness of a state-wide approach to rehabilitation of mentally retarded girls through a residential program at the West Virginia Rehabilitation Center.

In developing the Evaluation and Prevocational Conditioning Course Curriculum, efforts were made to keep it both practical and meaningful. Such authors as Garton (16), Weber (44), Dunn (10), Cleugh (5), Ingram (20), Rothstein (32), and Stolurow (37), have made considerable contributions to the field of mental retardation and were helpful sources in curriculum development for the EPVC Program. Consideration was given to chronological and mental ages, intelligence quotients, social maturity, environmental background and interests as well as ability to profit from activities and experiences.

The reader should keep in mind that the EPVC Curriculum (see Appendix B) was planned primarily for evaluation purposes rather than training *per se*. Attempts were made within the EPVC Curriculum to investigate the possibilities of programmed instruction with the mentally retarded, utilizing the principles of reward and reinforcement. Stolurow's (37) work and "Programs, 63" (30) were evaluated for possible relevance to Project 957. Grayflex, Inc., was found to have some appropriate programming in such areas as time telling and simple arithmetic. Also, the Rochester Reading Series was found to be applicable.

It was possible, through verbal reinforcement by the Technical Counselor, to evaluate some of the differences between regular classroom instruction and programmed instruction. This is an area which needs further investigation to fully evaluate the potential of programmed learning for the mentally retarded.

The clients of Project 957 were those which DiMichael (8) classifies as the "*deferred placeable group* and the *sheltered employable group* of mentally retarded." In the words of DiMichael:

> The *deferred placeable group* are young adults in need of additional services beyond those offered by the school. They need further preparation and assistance, such as prevocational and vocational experiences, physical or psychiatric evaluation, treatment, on-the-job training, counseling, or personal-adjustment training, before they may be placed in competitive employment. The *sheltered employable group* are young adults who are capable of partial self-support in the carefully supervised environment of a sheltered workshop, after preparation services beyond school (8).

Liu (22) indicates that with the 1959 Mental Health Act in England, a change of view has occurred in Great Britain in desegregation of the mentally retarded. This has been the philosophy of West Virginia DVR and particularly Project 957. Community care for the mentally retarded is a relatively new concept in West Virginia. Liu (22) found that the basic causes for the mentally retarded's difficulties were: (1) failure to learn from mistakes, combined with an aberrant personality and (2) poor interpersonal relationships with others. These basic difficulties were investigated to some extent in this present study. In Liu's (22) study, 263 of 326 subnormal females (81 per cent) failed in previous community care before residential admission. After a period of hospital training and rehabilitation only 43, or 13 per cent, of this group were discharged to the community. Three of these had to be admitted a second time. It was Liu's feeling that a hospital for subnormality is still needed and that special training is imperative for behavior and personality disorders.

While growing attention is being focused on integration of the mentally retarded in residential community settings and within the general community, only a few attempts to describe a program and report findings can be found.

This is particularly true with regard to female retardates. Appell, Williams, and Fishell (1) report one such study of male retardates—an investigation to ascertain whether age, I.Q. and time in a State School are factors significantly discriminating retardates who fail from those who succeed in rehabilitation from a residence unit situation. It was suggested that neither of these factors significantly differentiated the three groups—returned groups (N=8), rehabilitated group (N=6), or in-resident group (N=10). These authors (1) pointed out the possibility that personality characteristics may discriminate between the groups and would seem to be a subject for further investigation.

Goldstein, in Stevens and Heber (36), devotes one chapter to relevant research dealing with problems of social and occupational adjustment of the mentally retarded. Goldstein finds that, occupationally, the retarded cluster in the unskilled category, with the next most populated category being service occupations. He further states that most attempts to relate occupations to level of intelligence have been inconclusive and for the most part indicated training and counseling preparation for the job are critical factors.

Experience within the present study indicates the occupational picture for the retarded is far from encouraging. In West Virginia, where unemployment is high, mainly as a result of mechanization of the mines, a considerably greater number of individuals are in need of rehabilitation primarily on the basis of social inadequacy and low general functional ability.

Occupational categories once the province of the retarded have been decreasing rapidly, primarily as a result of the technological changes. This has been occuring in industry, on the farm, and in the home. This demonstrates further the need for more training opportunities for the retarded and a strengthened counseling and guidance program to help the retarded make an adequate personal, social, and vocational adjustment. Unless these services are maintained at an effective level, it may be necessary to provide sheltered work opportunities for the educable mentally retarded similar to those now provided for the trainable retarded.

Unmet needs, which became apparent as a result of Project 957 experiences, will be discussed further in Chapter 3. Efforts by local parent groups and other cooperative agencies have resulted in the development and planning of local community sheltered workshops in five communities in West Virginia. Many more facilities are needed if retardates are to develop to their maximum in the three broad areas of living—work, personal living, and relating to others.

Chapter II. The Project Plan

Application Procedure

Screening and preparation of clients for admission to the Project and the Center was handled by field counselors in collaboration with the Project Director. The Project Director was available for psychological evaluation of clients as indicated, and in such areas of the state where psychological services are difficult to obtain. The field counselor and the Project Director were responsible for pre-admission counseling interviews with the client and her parents, or other persons serving in lieu of parents.

The minimal requirements for Project 957 clients were essentially the same as other cases sent to the Center and included medical, social, vocational, and psychological data as well as application for admission, medical information supplement, determination of economic need, school records, and rehabilitation plans. The information provided by these records was used by the Admissions Committee to make a decision on the application.

Criteria for Admission

The Admissions Committee was composed of the Project Director, Center Administrator, Center Assistant Administrator, Medical Consultant, Technical Counselor, and Social Worker. The general criteria included:

(1) Single females between the ages of 16 and 21.

(2) Primary diagnosis of mental retardation. I.Q. in the approximate range of 50-75.

(3) Expectation that the person selected would benefit from a comprehensive program of diagnostic and prevocational services.

These criteria represented a minimum of restrictions and were flexible so that a broad sampling of the mentally retarded female population in West Virginia could be obtained. For example, the age ranged as high as 33 after the first year.

Advice and Consultation

An Advisory Committee was appointed to serve throughout the Project. It consisted of consultants on special education; mental health; parent relationships; child welfare services; home economics education; nutrition; guidance, counseling and testing; and an executive director of the local council for retarded children.

Some of the major functions of the Advisory Committee were as follows: (1) to keep informed of Project activities and developments through attendance at meetings and review of written information; (2) to ask searching questions and offer critical comments; (3) to give advice on Project operations and to relate the Project's activities to the committee member's particular area of interest; (4) to offer suggestions and recommendations in relation to general concepts of service for the retarded; (5) to interpret the Project to the committee member's own program; and (6) to interpret the Project in areas of committee member's general interest.

Facilities and Equipment

The Division made use of its entire field organization as well as the West Virginia Rehabilitation Center. The Center is located near Charleston where many community resources are available. Transportation was provided from, and to, bus or train stations only on first admission to the Center and upon scheduled termination of the client's program. A large classroom was altered and prepared for the domestic arts (homemaking) unit. The model kitchen, laundry area, and dining area consisted of 686 square feet of floor space. Adjacent to and separated by a folding partition was the general functional classroom area with 608 square feet of floor space.

The Secretary's office (8′ x 11′) and the Project Director's office (8′ x 11′) were located adjacent to the classroom area. In addition, there were 80 square feet of storeroom space near the model kitchen. Temporary dormitory space was made available, but later renovations permitted clients to be housed together in a group situation. Other Center facilities such as the recreational area, cafeteria, and medical treatment area were utilized.

The West Virginia Rehabilitation Center is a comprehensive multiple-disability center, operated by the West Virginia DVR. The Center provides four major categories of service for all disabled people: vocational diagnosis, including optical aids evaluation and cardiac work classification evaluation, therapy, sheltered workshop services and vocational training. All professional disciplines—psychologists, counselors, social workers, physical and occupational therapists, nurses, work evaluation specialists, instructors, medical specialists, and specialized consultants when indicated—are represented in a teamwork approach. From July, 1955, through June 30, 1964, the West Virginia Rehabilitation Center served 6,954 severely disabled clients in the following areas:

Vocational Diagnosis	3,081
Optical Aids	173
Cardiac Work Classification Unit	307
Therapy	741
Vocational Training	2,652
TOTAL	6,954

AS PART OF THEIR eight-weeks' adjustment and evaluation course, mentally retarded girls enrolled in Project 957 learned how to sew, iron, wash clothes and keep a home neat and orderly.

From 1960 to 1962 the Center served 252 clients whose disability was diagnosed as mental retardation. One hundred seventy-one girls were admitted to Project 957 at the Center up through December 31, 1964. Part of the uniqueness of the Project was its integration with the well established on-going Center program. For example, all Project clients participated in the regular Center recreational program which proved to be quiet effective. Project clients utilized the same cafeteria as other Center clients as well as the services of the medical treatment area. The girls were well accepted by other Center staff and clients and felt a part of the total Center program of services. There were, however, some overtones of isolation, which concerned Project Staff and Center Staff. Attitudinal barriers were present which were eliminated markedly after further experience had been gained and demonstration activities showed what the mentally retarded could do.

RECREATION PROGRAMS for the mentally retarded should stress physical activity. If provided through a comprehensive rehabilitation center, they should also be integrated with recreation programs designed for the rest of the center caseload.

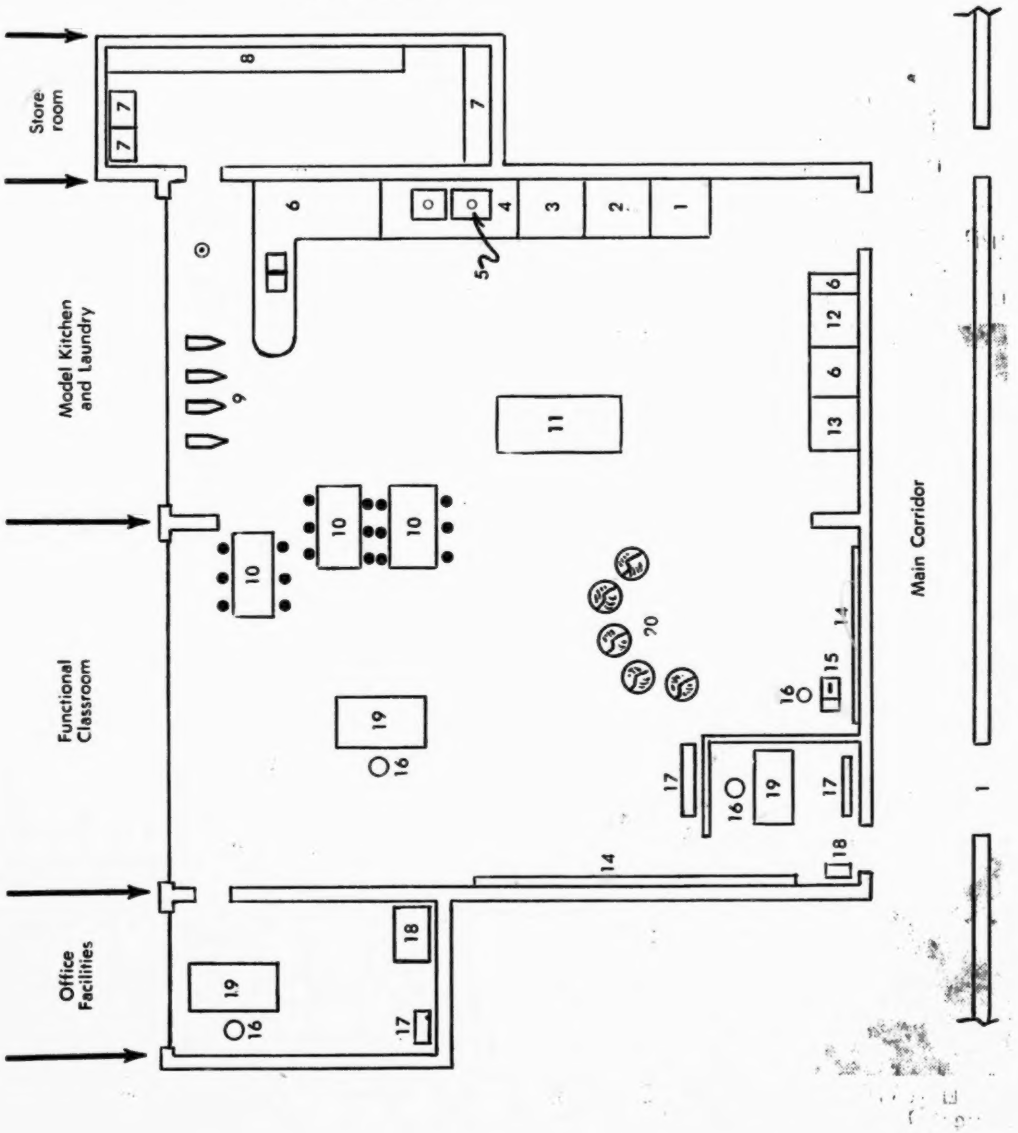
As shown by the diagram of the domestic arts unit layout, the model kitchen and laundry area were comprised of a laundry tub, washer, dryer, two sinks, built-in wooden cabinets, one 66″ wall cabinet, stove, refrigerator, three dining tables, eighteen chairs, food preparation table, garbage disposal unit, five ironing boards, one bus stand, four carts, three step stools, five irons, one vacuum cleaner, one mixer, one toaster, and one coffeemaker.

Figure 1

DOMESTIC ARTS UNIT LAYOUT AND EQUIPMENT

The unit, occupying a floor space of 1550 square feet, is divided into four areas:

Model Kitchen and Laundry
Functional classroom
Storeroom
Office facilities


Store room
Model Kitchen and Laundry
Functional Classroom
Office Facilities
Main Corridor
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

The functional classroom area included a teacher's desk, five tablet arm chairs, two blackboards, three sewing machines, one storage cabinet, one bookcase, one display table, one 16 mm motion picture projector, one 500 film strip projector, and one movie screen. The storeroom area housed miscellaneous kitchen utensils, supplies, food, and related equipment.

The following list shows the manner in which all major appliances and equipment were located within the domestic arts unit:

(1) Laundry tub
(2) Washer
(3) Dryer
(4) Sink
(5) Disposal Unit
(6) Cabinets
(7) Storage Cabinets
(8) Shelves
(9) Ironing Boards
(10) Dining tables with chairs
(11) Food preparation table
(12) Range
(13) Refrigerator
(14) Blackboard
(15) Sewing Machines
(16) Chairs (Desks & Machine)
(17) Bookcase
(18) File Cabinet
(19) Desk
(20) Chair-Desk Combination

Renovations relative to major plumbing and wiring were necessary before the physical unit could begin operation. Although the Project was approved effective May 1, 1962, the first class was not admitted until August 27, 1962, primarily because of staffing problems, dormitory space, and physical renovation of existing facilities.

4. Close slide plate allowing thread to enter notch.

ALTHOUGH PERSONAL ADJUSTMENT and evaluation were the main goals of Project 957, many of the retarded girls enrolled in this program experience a real sense of accomplishment by learning how to do useful work for the first time in their lives. Here, the technical counselor, Mrs. Emily Simon, shows one of the girls how to thread a bobbin.

Functions of Project Staff

The Project Staff consisted of a Project Director, Technical Counselor, Social Worker, Secretary, Part-time Case Aide, Dormitory Counselor, and Part-time Medical Consultant. One of the basic features of the Project was the involvement of all members of the professional staff of the Division.

Project Director.—Qualifications for this position included a master's degree and substantial experience in working with the young adult mentally retarded. The Master's degree had to be in vocational rehabilitation counseling, guidance, social work, psychology, or related fields with a concentration in psychology, including individual testing. The Project Director was responsible for all activities of the Project. Examples of his duties included the development and supervision of the Evaluation and Prevocational Conditioning (EPVC) Course; staff supervision of all rehabilitation functions for the group of clients served in the Project, including case finding, case work, and job placement; staff supervision of the rehabilitation program (from referral to closure) of each client served in the Project; provision of consultative and technical assistance (including psychological evaluations) to rehabilitation counselors and other staff members; research; and public relations. The Project Director worker very closely with the Center Administrator in developing a well integrated program of services for the mentally retarded.

Technical Counselor.—(Domestic Arts) This position called for a counselor with special technical training in domestic arts or special education. Preferred qualifications for the position were a master's degree in guidance or a related field and a bachelor's degree in home economics, special education, or domestic arts education. The Technical Counselor assisted the Project Director in planning the EPVC Course and was responsible for the operation of the course. Within the setting provided by the EPVC Course, her duties included counseling, evaluation, prevocational conditioning, instruction in domestic arts and activities of daily living, and public relations. She also served as a member of the admissions team.

Dormitory Counselor.—The dormitory counselor was responsible for the care and supervision of clients during off-duty hours. Her duties included supervision of housekeeping in the dormitory, promotion of good physicial hygiene and personal grooming, chaperoning at all times when clients were off duty, and participation as a member of the rehabilitation team.

Secretary.—In addition to usual duties for this position, employee was responsible for taking and transcribing dictation, composing correspondence, arranging appointments and conferences, and also served as a receptionist for the Project unit and as a guide for guests within the domestic arts unit. On occasion she also provided some supervision of mentally retarded clients, particularly at times when the technical counselor was involved in staffing and conferences.

Medical Consultant.—The Medical Consultant served as a member of the admissions team and was available on a part-time basis for advice and consultation to the Project Staff. The Medical Consultant gave client examinations, offered guidance and direction to the Project Staff, and was a considerable asset in working with clients who had special problems. In-service training for the Project Staff was also a very important function of the Medical Consultant. Referrals were made for psychiatric consultation as the need arose. Client psychotherapy was given by the Center Psychiatric Consultant on a selected basis.

Case Aide (Part-time).—The Case Aide was concerned with evaluating and instructing in activities of daily living, self-help, and self-care. Attention was given to personal grooming, personal hygiene, cleanliness, help with telling time, help with letter writing, proper use and value of money, and some work with basic academic school subjects (remedial education). Consideration for this position was given to upperclass college students who had special interest in working with the mentally retarded and were planning to pursue graduate work in the areas of speech therapy, social work, special education, rehabilitation counseling, psychology, guidance and counseling, et cetera.

Social Worker.—The Social Worker was responsible for promoting and carrying out a program of social casework and medical social services for mentally retarded girls. For this position, a master's degree in social work with one-year's experience in social casework was preferred. The Social Worker conducted initial interviews with Project clients and their families, interpreted Project services, and obtained social history data and developmental medical history. The Social Worker also prepared a social summary and made recommendations for final reports; served as a consultant to other professional staff members regarding psycho-social problems of clients; participated in final staffing of cases; worked closely with recreational director, dormitory counselor and other Project Staff for social adjustment of individual clients to Center living; assisted Project clients in transition from the Project to other Center programs and services; and made appropriate referral of clients with serious social or psychological problems. The Project Social Worker worked very closely with the Center Social Worker, held conferences with clients and their parents following termination of the Project period, helped develop and promote an effective system of case finding of the mentally retarded, and worked considerably in the area of follow-up services for those clients evaluated within the Project.

Chapter III. The Project Program

The Project was intended to demonstrate the effectiveness of a special program for case finding, evaluation, prevocational conditioning, and related rehabilitation services for lower educable mentally retarded young adult females, directed toward enabling them to obtain employment. The following is an outline of the program: (1) case finding; (2) pre-admission processing; (3) evaluation and prevocational conditioning course; (4) follow-up services (physical restoration, training, job placement, and related vocational rehabilitation services); (5) research and program development; (6) public relations; (7) staff development; and (8) advice and consultation.

Case finding, an important aspect of the Project, was done by the Project Director and the Division of Vocational Rehabilitation field staff working throughout the State to intensify referrals from schools, child welfare, special education, mental hospitals, parent groups, etc. Success in this area of the Project was due largely to the public's growing awareness of Project purposes and goals.

The Project was involved considerably in developing new techniques for case finding; identifying needs of various groups of mentally retarded persons, as well as identifying efforts to meet those needs; surveying problems relating to job placement; and identifying the incidence of retardation in relationship to the general population. Guides and rating scales were developed together with social history summaries and medical history summaries. (Appendix D)

Throughout the course of the Project an extensive program of public information was carried out to help the public understand mental retardation and accept the mentally retarded as full-fledged and deserving members of the community. The program was also designed to arouse concern for the mentally retarded and demonstrate ways in which they could be helped. The following are examples of public relations activities: (1) presentation of programs before civic clubs, parent groups, parent-teachers associations, and other community organizations (a brochure was developed for use in this activity); (2) visits by parents and community groups to the rehabilitation facility (see tabulation); (3) arranging for civic clubs, women's clubs, church circles, and other groups to sponsor activities and projects for the benefit of the clients and the facility; and (4) newspaper releases.

This Project personally involved a majority of the DVR agency staff, including members of the field counseling staff, members of the supervisory staff, members of the Center staff, and others. The Project was concrete in that it involved a physical facility, a structured program, and classes for clients. The latter point was important in that, heretofore, DVR personnel had restricted their work with the mentally retarded to individuals and had not had the opportunity to see them function as members of peer groups.

The EPVC Course required participation of several professional persons working as a team. To a considerable extent this team utilized EPVC activities as the basis of reference for evaluation.

Frequency Distribution of Visits and Tours of Project 957 and the West Virginia Rehabilitation Center*
(N=1119 Visits)

Personnel	Number
Councils, Associations, Committees	270
High School and College Students	166
Nurses and Nurse Trainees	152
Clubs and Organizations	132
Counselors (DVR)	85
Department of Welfare Workers	76
In-State Personnel (Other than DVR)	66
Supervisors (DVR)	62
Department of Mental Health Employees	36
Professors and Instructors	27
Interested Individuals	15
Physicians	8
Social Workers (Private Organizations)	6
Counselor Trainees	6
Coordinators of DVR Counselor Training Programs	6
Out-of-State Personnel	4
Dignitaries	2
Total	**1,119**

*June 1, 1962-December 31, 1964, inclusive. There is some duplication in the total number of visits, as several persons visited the Project and Center more than once.

Evaluation

In the evaluation program a multidimensional approach was utilized, since one of the ultimate goals of the Project was competitive and noncompetitive placement. It was recognized that while specific skills are important, there are other variables equally, if not more, important in securing and holding a job. For example, appearance, speech, social adjustment, and emotional maturity will, in many cases, determine whether or not the client is hired, regardless of the work skills she may possess.

All staff members had a part in the evaluation procedure in order to insure that relevant aspects of the client's behavior were evaluated. Reports were made available at the weekly evaluation staffing from the Dormitory Counselor, Recreational Director, Technical Counselor, Project Director, Social Workers, and Medical Consultant. No specific plan for presentation of data was followed. Meetings were informal, and free exchange of information and opinion was encouraged. Group discussions of the client's strengths and weaknesses were usually summarized by the Project Director and followed by group planning for the client.

Recommendations included correction of physical defects, planning of specific programs within the homemaking unit, extracurricular activities, provision of intensive counseling services, recommendations for specialist consultation, consultation with parents, and specific recommendations for training, placement, and follow-up services.

At the termination of the client's program, a final comprehensive report was completed on each client and forwarded to the field counselor with the concensus of the Project Staff findings. The final report also included the psychological report, social case history, medical evaluation, and a report completed by the Technical Counselor, relative to observations and findings with the evaluation and prevocational conditioning class. (Copies of evaluation forms may be referred to in Appendix D).

During the eight-week evaluation period (EPVC), the Project Director administered a complete battery of psychological tests, the results of which were reported at case staffings. The battery included:

Test	Used to Assess
Wechsler Scales (WAIS; W-B, I; W-B, II)	Verbal and Performance Intelligence
Binet Scales (L, M, L-M)	Verbal and Performance Intelligence
Wide Range Achievement Test	Reading, spelling, and arithmetic skills
Bender-Gestalt Visual Motor Test	Visual motor coordination
Interview Form	Practical information
Draw-A-Person	Emotional adjustment and intelligence
Sentence Completion	Emotional adjustment
House-Tree-Person	Emotional adjustment
Vineland Scale of Social Maturity	Social maturity
Peabody Picture Vocabulary Test	Intelligence
Word Association Test	Emotional adjustment

Quantitative test scores were reported in graphic form to facilitate recognition of client strengths and weaknesses in comparison with the normally endowed population as well as in comparison with other retarded young adults. Qualitative test results were summarized to present in capsule form emotional assets and liabilities.

It appears that with persons of retarded intelligence, the best indicator of successful community employment is the Social Age as indicated by the Vineland Scale of Social Maturity. For this reason, all clients were

PROJECT DIRECTOR William R. Phelps prepares to administer the Wechsler Adult Intelligence Scale to a new Project 957 client. This is only one of a battery of tests given during the first two-weeks of the evaluation period.

given the Vineland, and the Staff was able to measure changes which occurred as a result of exposure to the EPVC Course in the areas of social and personal maturity.

As discussed in Chapter II, the EPVC Course was established with an eight-week period of evaluation and prevocational conditioning. In most instances, the Project Staff felt this was enough time to provide adequate vocational evaluation. However, this was found to be insufficient time for providing intensive personal and social adjustment, developing work tolerance, and intensive job preparation. Certain clients could have profited from an 18-month experience in personal and social adjustment training and prevocational experiences.

This Project represented a rather novel approach to integrating young adult mentally retarded females into a population of disabled persons of many ages with a wide range of disabilities. The clients remained in a multiple-disability rehabilitation center on a 24-hour-day basis, were provided various experiences as reported in Chapter II, and were treated the same as other Center clients, except that they were not permitted to leave the Center campus unchaperoned by a staff member or their family. As some (58) returned for further advanced training and developed further

independence and competence which enabled them to function on their own, this restriction also was removed.

Vocational evaluation occurred within a home economics setting, which served as the core of operation, but all Center programs and services were available for use in this endeavor. For example, such classes and instructional staff as the following were also utilized for evaluation purposes: laundry, kitchen, dormitory, nurses aide training, sewing, housekeeping, cooking and baking, and PBX operation.

New approaches to thorough medical evaluation for this specific group of people were given considerable attention, and a medical consultant who had special training in pediatrics and mental retardation was employed part-time. The skills used in serving this group of people (described in Chapter II) included case finding; pre-admission counseling with clients and parents; psychological evaluations to help determine eligibility; screening; weekly staff evaluations; individual and group counseling; social case work services; group education techniques; occupational, physical, and speech therapy when needed; personal and social adjustment training; academic and vocational evaluation; limited remedial education activities where needed; vocational training; and placement and follow-up activities by field staff and Project staff.

Personal and Social Adjustment

Personal and social adjustment appeared the greatest need for all clients and much emphasis was placed in this area. An attempt was made to expose the girls to as many everyday activities of normal living as possible. Regularly scheduled visits to the State Capitol, to shopping centers, to grocery stores, to department stores, to the local Social Security office, to commercial laundries, and to laundry and dry cleaning plants were arranged to broaden the client's experiences in the world around her. Teaching and evaluation units of instruction were utilized in conjunction with these purposeful field trips in order to give them more meaning and perform some of the objectives of the evaluation and prevocational conditioning course.

Most clients attended community churches of their choice, and some attended local college ball games, circuses, and other social events. The Staff also made effective use of scout troop activities to help develop socialization skills of Project clients.

Dormitory life presented another opportunity to develop and demonstrate good citizenship, improved personal grooming and health habits, acceptable use of leisure time, and socialization and group living skills. The girls took pride in their living quarters and were concerned about what happened there. They were assigned responsibilities under supervision.

Most of the girls spent seven days per week at the Center, and only a small number went home for the weekends. Noticeable regression occured in some clients after being home for the weekend. Without xception, this was true of those whose home conditions were unfavorable. Progress in adjusting to the objectives of the Project and Center was therefore slower than it probably would have been otherwise.

MUCH VALUABLE instruction took place in the girls' dormitory. For this reason, Mrs. Pearl Utterback, the dormitory counselor, filled a vital role in Project 957. The girls not only learned how to share and get along with each other, but also how to keep their quarters clean and their clothing and personal effects in an orderly manner.

Evaluative Criteria

Criteria used in the classification of variables may be studied in Appendix D of this report. General activities of daily living were evaluated as to whether they occurred usually, sometimes, rarely, never, and whether there was improvement, decline, or no change. Standard psychological instruments as well as questionnaires, rating scales, interview forms, and schedules were used. However, no reliability or validity coefficients were determined for any of these evaluative scales, although several revisions of the techniques utilized occurred as the Project Staff gained further knowledge and experience in working with the mentally retarded. Parents, Project staff, and rehabilitation counselors evaluated each client to determine whether she was improved, unimproved, or regressed, utilizing the same criteria with operational definitions of the traits and characteristics under evaluation.

Table 1. Comparison of Parental, Project Staff, and Counselor Evaluation of Change

Rating	Parents		Project Staff		Rehabilitation Counselor	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Improved	116	68	132	79	128	76
Unimproved	9	5	36	19	37	21
Regressed	1	1	3	2	6	3
Not reported	45	26	----	----	----	----
Total	**171**	**100**	**171**	**100**	**171**	**100**

Table 1 gives a comparison of the different evaluations of the 171 clients by individual rating groups. There is a close relationship between Project Staff ratings and rehabilitation counselor ratings. The Project Staff felt that 132 of the 171 clients, or 79 per cent were improved, whereas, the counselors felt 128 or 76 per cent were improved. Parents, on the other hand, felt 116 of 126 clients, or 68 per cent, were improved with 26 per cent of the total not reported.

The present group of clients (N=16) within the EPVC Course were scheduled to remain at the Center for a sixteen-week evaluation period, as opposed to the regular eight-week evaluation, in an effort to evaluate what influence the extended time factor might have on the effectiveness of the program. Since the Project Staff felt the results of this study warranted inclusion of this program as an integral part of the State-Federal vocational rehabilitation program, this 16-week period versus the 8-week period should give an opportunity for further intensified evaluation. More emphasis was expected to be given to personal and social adjustment aspects, work tolerance, and remedial education activities.

Utilization of Volunteers and Students

Throughout the period of the Project the staff utilized part-time paid college students and volunteer personnel. The college students were employed full-time for the summer months, while high school and some college students came in part-time. Senior girl scouts from the local area also volunteered their services as well as other civic groups. These students were utilized primarily in the areas of personal grooming, personal hygiene, cleanliness, telling time, help with letter writing, proper use and value of money, basic academic school subjects and arts and crafts. This individualized instruction occurred in the classroom and dormitory living area.

Students from five colleges and universities observed classroom activities and procedures on many occasions as part of their college curriculum. The use of part-time and volunteer help required planning and organization on the part of staff but was considered well worth the effort. Volunteer and student helpers were not assigned major responsibilities and were under the direct supervision of the instructional staff.

The client's reaction to the volunteer worker was most positive and this situation presented an opportunity for a wholesome identification with strong young personalities for Project clients. The Project Staff felt these were also wholesome experiences for the students.

The Staff was eager to see more of this type of activity occur and felt it might be one possible means of identifying, encouraging, and motivating young people to enter this field where a critical shortage of trained personnel exists. One of the college students is now pursuing a graduate degree in speech correction and special education while the other is a college senior majoring in speech correction. Both would like to work in the field of mental retardation.

Every effort was made to make the students feel a part of the Project program. The college students were permitted to attend and make contributions to regularly scheduled staffing of Project clients. As a result of this experience, it is felt that these young people now have a better understanding and acceptance of the mentally retarded and four of the students plan to prepare themselves for work in the field of mental retardation. The real value and effectiveness of such an endeavor can probably best be summarized in the words of an actual student as follows:

> My name is Miss C, and I was employed by the Vocational Rehabilitation Division for Project 957 for educable mentally retarded young adult girls during the summer of 1964. I assisted Mrs. S, Technical Counselor and instructor for this Project. As a Case Aide, I served in Mrs. S's capacity when she was not available (2 weeks' vacation) and alongside her in all projects where I could be of assistance. When she felt I was capable of putting a lesson across in an interesting, clear, and meaningful manner, she would turn the class over to me. Some areas were reading in the home economics text, remedial education, sewing, and other related lessons.
>
> Therefore, I would like to submit this account of my work and my impressions of the Project as a token of appreciation for the opportunity of serving in this capacity. It is hoped that this will also be an aid in informing other college students who may have an interest in study and work application in this area of personality development and assessment.
>
> I am presently a senior majoring in Speech Correction at a state university and have not previously worked with mentally retarded persons. However, I feel that people in special education should have a basic interest in helping and providing opportunities for disabled persons, and they should be able to interact with the variety of clients encountered in this field. For this reason I was confident when I entered work with Project 957, yet

expected a manifold challenge. Undoubtedly, feelings of nervous expectation were persistent; but from the moment I entered the Project room and saw thirteen girls diligently working at sewing laundry bags, I was relieved of these feelings.

Following this informal introduction I carefully read the case history and background of each girl, taking mental and paper notes as to their test-determined capacities, their environment, and physical and psychological determinants. I met each girl separately and began my acquaintance on a personal level, yet maintained distinction.

Since I am relatively the same age as the clients, there existed the possibility that I would not gain their respect. However, the above approach worked well. I feel that since these girls often do not have friends their own age, they like the idea of being assisted by a younger person.

After obtaining the I.Q. levels, the girls were grouped on individual readings, spelling, and arithmetic levels, rather than the full-range levels, in order to strengthen weak points, yet not allow strong ones to regress. This produced startling variety in each girl in that she may excel in reading, yet not be able to pronounce or spell a four letter word. Because of the excellent supplies and anxious attitudes of the girls, I at last was able to put into practice all the book-learning, lesson planning, and theory which had been "dished-out" for three years.

Everything went smoothly. Problems arose, however, when girls were sent to other areas for evaluation; therefore, schoolwork took the form of individual help. From this vantage point I worked, unfortunately inconsistently, throughout the session. This inconsistency stemmed from the lack of a quiet place for separate group instruction and lack of activity-time organization in the classroom. Whereas the space problem could not be solved, the organization program relatively cleared and more advancement was made in the academic areas in the next class.

By academic, I mean involving the girls in studies which related to class and Center environment and studies which would be beneficial in providing more independency. In the reading area I used the *Young Living,* and *Junior Homemaking* texts. These provided studies primarily in child care, safety, personal grooming, and personality developments. I would use a classroom approach: chairs in a circle and only books in hands. Each girl read equal lengths and others would prompt. Those who could not read would describe what was in a picture or relate what had just been read. If the reading involved demonstration this was carried out, and I would provide intensive repetition in group discussion of the material. This also engaged the clients in verbalized free association with past experiences.

This approach provided the necessary variety for short attention spans, yet persisted on a single subject for reinforcement. Mathematics was also related to the class environment in that it involved learning the use of simple fractions for dividing food, such as pies, into equal portions. It involved, also, the learning of simple measurements for the use with recipes. Some advancement was made in simple addition, multiplication, subtractions, and division *via* use of the *Grayflex Programmed* equipment. This type of material provided excellent reinforcement and reward. I was also allowed to instruct in areas of behavior on trips, budgeting money, telephone behavior and taking messages, and applying for a job.

In addition to the classroom activity I was afforded the opportunity to examine all facets of Vocational Rehabilitation and cooperative organizations. I attended all clinics at the Center (Cardiac, Optical Aids, and Orthopedic), the Huntington State Hospital Rehabilitation Center and Rehabilitation Houses, Parsley Orthopedic Company, Goodwill Industries, and Action for Appalachian Youth. I received the finest of treatment and the most thorough of tours and was thankful that each guide took time to answer my numerous questions. These visits were an education in themselves.

In addition, I was allowed to handle the processing of speech and hearing examinations at Charleston Memorial Hospital. The speech problems were primarily infantile substitutions as w for r; l for t; or t for k. There was also a large amount of delayed language due to mental retardation. In the case of one mongoloid a cluttering of speech was diagnosed, and an unrepaired cleft palate was discovered in another client. Upon the hospital's recommendations, I carried out a moderate amount of speech therapy when the opportunity presented itself during class time.

In the final analysis I would like to say that I have spent the most rewarding, challenging, and educational summer of my life. This Project is a blessing to these girls and must—at all costs—be continued. I only wish that my colleagues could experience what I have in order to recognize and contribute toward the benefit of projects such as this one. Again, I thank you for the opportunity of working and only hope that the girls learned as much from me as I did from them.

The Project Program as Viewed by the Social Worker

The duties of Social Worker for Project 957 have been many and varied. This position presents an opportunity to work closely with the girls in relation to all aspects of their environment, past, present, and future. The Social Worker has found certain characteristics to be outstanding in influencing the lives of these girls.

During the initial interview with each girl, an attempt is made to gain insight into the girl's home environment, facts about her parents and siblings, attitude toward her family, etc. Inevitably, in homes where there is more genuine love and concern for each member of the family, the girl will be happier and better adjusted. She will be better informed and more eager to attempt a new task.

For most of the Project clients this is their first time away from home for any length of time. They are experiencing their first close personal associations with their peer group, and in many cases they have never associated with the opposite sex. All of these factors are important to the adjustment to the Center. The Project may be interpreted in two ways—as an opportunity to improve, and as a threat to the security of living a routinized life at home. The Social Worker must work with all aspects of the individual, including each of the above mentioned areas. This takes the form of individual counseling sessions throughout the girl's stay in the Project. The Social Worker must observe the girls in the office, class, dormitory, recreation hall, on field trips, etc., and make an effort to know as much as possible about each one. By keeping up with each girl's progress, a better evaluation can be made and there is a more valid basis for final recommendations at the time of termination.

One of the most important single influences on the life of any normal child is his or her parents or parental substitute. The same is true of the mentally retarded and sometimes even moreso. True, the retarded do need a great deal of love and attention and depend on their parents for more than the normal child. At the same time, though, they need to be treated as individual human beings with dignity and worth. They need to feel like responsible people who can be trusted to do several odd jobs in their home, at least, e.g. dusting, dishes, and keeping their own room clean. We have found that all too often parents are overprotective to the point of fostering dependence on them and, in effect, this harms the child.

It is one of our goals that the Project will make these girls more independent and capable of caring for their personal needs, e.g. personal grooming, their room, laundry, dusting, etc. The retarded do not need to be pitied. They do need to be made to feel as normal as possible.

Frequently, the overprotection of the mentally retarded is associated more with the mother than anyone else. A case in point here might be cited from the Project. One mother told me that she did not expect us to work wonders with her daughter, age approximately 18 years and quite healthy, but she did hope that she would become more independent. Further discussion with the mother revealed that she had never taught or permitted her daughter to make a bed, dust, do dishes, or any other housework. She had done everything for her! The girl was capable of doing many things, given the chance and encouragement.

On the other hand, the family who will not admit or recognize that their child is mentally retarded does the child an injustice. This family may push a child too hard and expect too much from her. This produces an effect similar to that which results from overprotection. The child will not develop to full capacity. In this case, though, it will be because of constant failure due to overexpectation. Retardation is a handicap to normal development, not a curse! The retarded can do many things but their progress will be on a lower scale than a normal child. What may be only a small triumph for a normal child may be a giant step forward for the retardate.

The ideal situation would be one in which a trained individual could go into the home of a retarded child and explain retardation to the parents as soon as the child is identified as being mentally retarded. Such an individual could work very closely with the parents toward acceptance and adjustment to the child's handicap and planning the best program for her future, possibly special education, sheltered workshop, or vocational training.

By working with the girls in individual counseling sessions, it has been found that the most prevalent characteristic of this group which holds back their progress is a lack of self-confidence, and logically so. They have usually experienced more failures than successes. They have been forced to drop out of school because they could not keep up with the others. This points up the great need for more special education and availability of the same until the child is 21 years of age!

These girls have also been mocked and ridiculed and many times they have been rejected by parents and family. With a background such as this, we can hardly expect them to feel confident about a new venture such as the Project. It takes a great deal of patience oftentimes to help any person over a period of depression because of defeat. Hence, we cannot, in justice, expect an instant change of attitude from these girls with their mental retardation working, in a sense, against them. It has been our [illegible] to bring out each girl's strong points and prove that she can do many things, and do them well.

It is my impression that this Project has had a great influence in improved attitudes toward the mentally retarded in West Virginia. It has encouraged greater acceptance of the retardates and hopefully more opportunities will become available for them, educationally, vocationally, and socially. Statistics and follow-up interviews in the homes of former Project 957 clients have shown, too, that the girls themselves are improved as a result of Project services.

The Project Program as Viewed by the Medical Consultant

The purposes of having a consultant physician in this program were quite varied. At the offset the clients were given a complete physical examination as well as a complete neurological examination. In doing so we were attempting to establish a cause of their mental retardation as well as an etiological diagnosis.

Many of the clients who came to the Center had seldom, if ever, undergone a complete and thorough medical evaluation. A few of them

were found to have some handicaps and impairments which were not under medical control. Among other things, thyroid deficiency was discovered in six cases. Some clients had latent convulsive disorders or other related medical problems, which had gone untreated. On a few occasions, some of these related medical problems were found to hinder their abilities and potentialities. Many of the clients had associated psychological and/or psychiatric problems.

The physicians' responsibilities consisted of identification of those associated problems which had not been discovered earlier or which had been suspected but had not been treated in any way. Medical recommendations were made at the conclusion of the physical examinations and were carried out while the girls were in the Project.

At the termination of a Project group a staff meeting with the Project Director, Dormitory Counselor, Social Worker and Physician was held to review what had been accomplished and what could be done in the future.

From those three years I spent with the Project, I can only emphasize that this is certainly a useful program for the mentally retarded. We were able to come to a better understanding of each client and to make a prognosis as to their future with a considerable amount of accuracy. We had no difficulty in establishing etiological diagnosis in 15 to 20 per cent of the cases, when either it was obvious or had been established prior to admission to the Center.

We were somewhat limited in our research diagnosis by the fact that we had very little opportunity to contact the parents at the time of examination and to have a good background and familiar history. Whether this would have contributed to the rehabilitation efforts of those clients is questionable, although in a few cases it might have proven helpful.

As the time spent by the Consultant Physician was restricted because of other commitments, it was felt very impractical to try to gather this data. However, it might have proven helpful for statistical purposes for our sample. This could have been accomplished by either a medical social worker or a public health nurse going into each of the girl's homes prior to Center admittance for parental conferences

In the final analysis, I would say this Project should be continued, and it would be worthwhile to secure a full-time physician for more thorough investigation and research efforts. In our Rehabilitation Center, while this Project was in effect, one could only have a part-time physician which was able to devote only a few hours of his time each month. This, in itself, is not the best answer, but I cannot come up with a better solution at the present time in view of the shortage of trained physicians.

Nevertheless, despite these limitations, I personally feel that this was a tremendously good program which deserves to be continued and extended to young adults of both sexes. I have been interested in the field of Mental Retardation for some years and I am thoroughly convinced that a lot more can be accomplished in the rehabilitation of all mentally retarded young adults.

Chapter IV. The Clients

This study was concerned with 171 educable mentally retarded females served by Project 957, the West Virginia DVR, and the West Virginia Rehabilitation Center from June 1, 1962, to December 31, 1964. Sixteen girls have since enrolled in the EPVC Course and 19 were scheduled to be enrolled on April 28, 1965. These last 35 girls were not included in the present study. Discussion here will give an analysis of the traits and characteristics of the 171 cases served or the first twelve groups. At the termination of the Project on June 30, 1965, fourteen groups or 206 clients, will have been actively served within the scope of the Project purposes and goals.

Referral Source

An analysis of Table 2 reveals that the major proportion (21 per cent) of referrals to DVR came from Child Welfare Workers throughout West Virginia. Public schools, special education, and state mental hospitals rank number two, three, and four, respectively. Thirty-seven, or 67 per cent, of West Virginia's fifty-five counties were represented within

Table 2. Referral Sources for Total Sample

Referral Source	Number of Cases	Per Cent
Department of Welfare—Child Welfare Division	36	21
Public School	33	19
Special Education	26	15
State Mental Hospitals	14	8
Physicians	8	5
Interested Individuals	7	4
Parents	6	4
Self-Referred	5	3
Department of Welfare—APTD	4	2
United Mine Workers of America	4	2
Department of Welfare—Aid to Dependent Children	4	2
School for Mentally Retarded	3	2
Retarded Association	3	2
General Hospital	3	2
Department of Welfare—Crippled Children's Division	3	2
Psychologists	2	1
BOASI	2	1
State Employment Service	2	1
Public Health	2	1
West Virginia University	2	1
Private School	1	1
Veterans Administration	1	1
Total	**171**	**100**

this group, while thirty-nine of the Division's fifty counselors, or 78 per cent, were actively involved with Project activities.

More positive cooperation from all sources occurred as the Project was able to demonstrate the strengths and assets the mentally retarded were able to offer. Good cooperation occurred from all major referral sources and the success of many of these clients can be attributed to the services provided by special education, Child Welfare services, rehabilitation centers in state mental hospitals, parents, and others. Without this cooperation and continuity of services, fewer mentally retarded girls would have profited from Project efforts.

Prevalence of Secondary Disabilities

The prevalence of disabilities accompanying mental retardation can be observed from Table 3. It will be noted that severe emotional problems

Table 3. Other Disabilities Accompanying Mental Retardation

Disability	Number of Cases	Per Cent
Severe Emotional Problems	76	29
Speech Defect	33	13
Visual Defect	30	11
Obesity	19	7
Epilepsy	17	7
Hearing Defect	11	4
Brain Damage	9	3
Cardiac	8	3
Cerebral Palsy	8	3
Glandular Problems	8	3
Mongolism	8	3
Orthopedic	8	3
Dental Problems	6	2
Neurological Problems	3	1
Sinus Problems	3	1
Cleft Palate	2	1
Quadriplegia	2	1
Right Hemiplegia	2	1
Arrested Tuberculosis	1	1
Diabetes	1	1
Skin Disorder	1	1
Varicose Veins	1	1
Total	**257***	**100**

*Number does not equal 171 clients, as several clients had one or more secondary disabilities.

were much greater than other disabilities for this group of mentally retarded females, with speech defects, visual defects, epilepsy, and obesity, ranking two, three, four, and five respectively.

It can be observed that these five groups comprise over 65 per cent of the secondary disabilities identified with these 171 clients. Evidence elicited here supports past findings, indicating that the mentally retarded may have more secondary problems than the average population. This fact needs to be considered by rehabilitation personnel in their rehabilitation efforts on behalf of the mentally retarded. Although these secondary disabilities may be more prevalent with the mentally retarded, further evidence within this study indicates that the retarded are not being provided comprehensive rehabilitation services in proportion to the seriousness of their overall disability.

Geographic Distribution

Figure 2 points out that 206 clients will have been actively served when the Project is officially terminated on June 30, 1965, and that 105 clients were screened out by rehabilitation counselors and Project staff. Figure 2 further indicates that 67 per cent of West Virginia's counties were represented within the present group (171 clients), 64 per cent of the 55 counties were represented within the screened-out group (105), and 57 per cent of the counties had clients on the accepted waiting list for Project admittance (35).

The Project observed a consistent increase in number of referrals during the final 31 months of operation, primarily as a result of greater understanding of Project purposes and goals by DVR field staff as well as by a majority of community agencies. Although most referrals came from areas of the State with more advanced special education services, it was felt that these clients were fairly representatives of the total group of similarly educable mentally retarded young adult females.

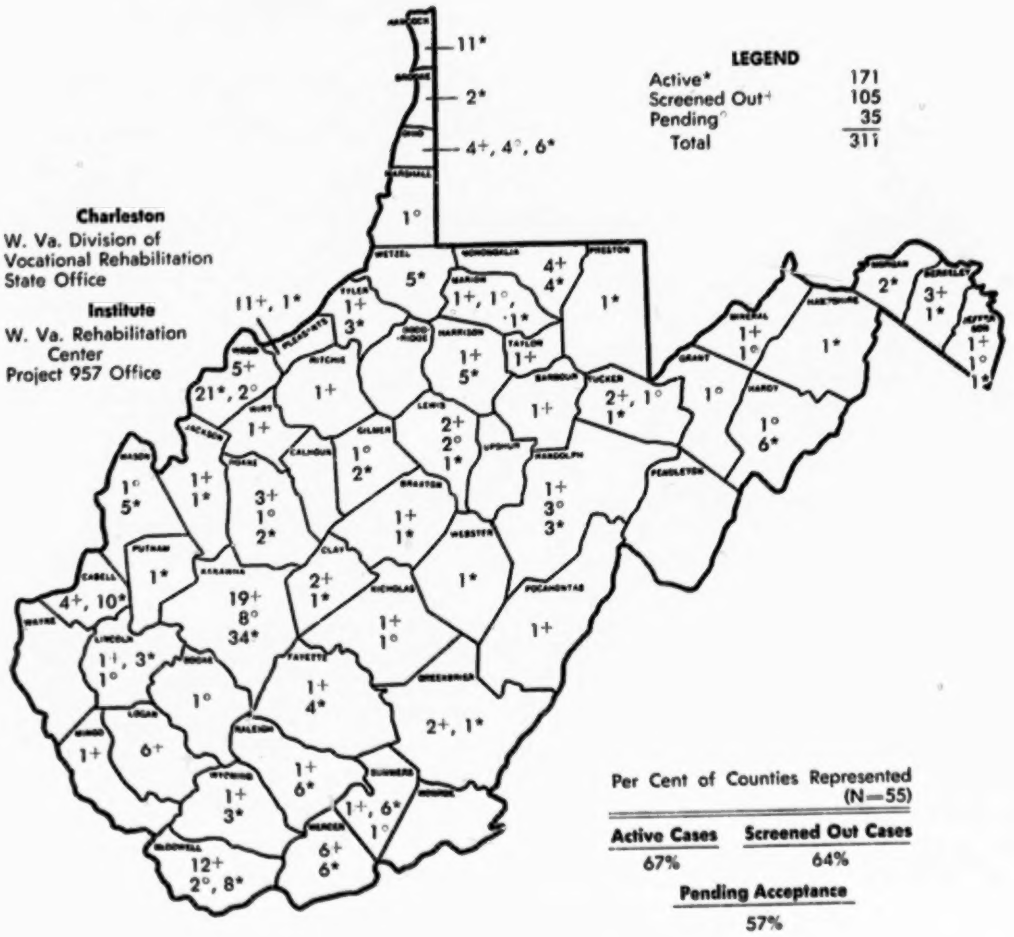
Table 4 indicates that the majority (52 per cent) of clients were screened-out for Project services because of employment (14), actively psychotic or severe behavorial problems (18), marriage (11), and previously trained under DVR (11). Since one of the primary purposes of the Project was to serve as many clients as possible, no clients were screened out after the case had been reviewed by the Admissions Committee unless the client was actively psychotic.

The majority of cases were screened out by DVR field staff and the Project Director during pre-admission counseling activities, and the case itself was not presented to the Project Admissions Committee for review. A majority of these screened-out clients received DVR services such as client and parental counseling, diagnosis and evaluation (including psychological testing), client referral to other appropriate agencies, training, placement, and follow-up services.

PROJECT 957

Figure 2

Geographic Distribution


HANCOCK
11*
BROOKE
2*
OHIO
4+, 4°, 6*
MARSHALL
1°
WETZEL
5*
MONONGALIA
4+
4*
PRESTON
1*
MARION
1+, 1°,
1*
TYLER
1+
3*
11+, 1*
PLEASANTS
DODDRIDGE
HARRISON
1+
5*
TAYLOR
1+
WOOD
5+
21*, 2°
RITCHIE
1+
BARBOUR
1+
TUCKER
2+, 1°
1*
WIRT
1+
LEWIS
2+
2°
1*
JACKSON
1+
1*
GILMER
1°
2*
CALHOUN
ROANE
3+
1°
2*
UPSHUR
RANDOLPH
1+
3°
3*
MASON
1°
5*
BRAXTON
1+
1*
WEBSTER
1*
PUTNAM
1*
CLAY
2+
1*
KANAWHA
19+
8°
34*
CABELL
4+, 10*
NICHOLAS
1+
1°
POCAHONTAS
1+
WAYNE
LINCOLN
1+, 3*
1°
BOONE
1°
FAYETTE
1+
4*
GREENBRIER
2+, 1*
LOGAN
6+
MINGO
1+
RALEIGH
1+
6*
WYOMING
1+
3*
SUMMERS
1+, 6*
1°
MONROE
MERCER
6+
6*
McDOWELL
12+
2°, 8*
MINERAL
1+
1°
HAMPSHIRE
1*
GRANT
1°
HARDY
1°
6*
PENDLETON
MORGAN
2*
BERKELEY
3+
1*
JEFFERSON
1+
1°
1*

Charleston
W. Va. Division of
Vocational Rehabilitation
State Office

Institute
W. Va. Rehabilitation
Center
Project 957 Office

LEGEND

Active*	171
Screened Out+	105
Pending°	35
Total	311

Per Cent of Counties Represented
(N=55)

Active Cases	**Screened Out Cases**
67%	64%

Pending Acceptance
57%

Table 4. Screened Out Cases

Reasons for Screening Out	Number of Cases
A. By Field Counselors and Project Staff	
Previously trained	11
Marriage	11
Doubtful feasibility	12
Unable to locate	7
Refusal by parents to admit client to Center for Project services	9
After further investigation, not an MR case	5
Now in training at W. Va. Rehabilitation Center	5
Not interested	2
Attending public school	1
Deceased	0
Employed	
Homemaker	3
Maid	2
Unpaid family worker	2
Babysitter	1
Nurses Aide	1
Domestic Worker	1
Kitchen Helper	2
Laundry Worker	2
B. By Project Staff	
Actively psychotic	10
Behavior problem too severe	8
Testing too high	2
Testing too low	8
Severe multiple physical handicap	0
Total	**105**

Client Factors

The Project clients consisted of 171 mentally retarded young adult females whose intelligence quotient on a Stanford-Binet or Wechsler individual intelligence test (used in conjunction with other instruments found to be effective by the Project Staff) indicated the level of intelligence to be within the educable range of mental retardation as defined by the *West Virginia State Plan.*

A second criterion was that the girl be single and fall within the age range of 16-21 years. This age range was changed to 16-33 years after the initial year to permit more flexibility, since the mental age was found to be more significant in grouping than chronological age.

A third criterion was that the person selected could be expected to benefit from a comprehensive program of diagnostic and prevocational services.

The longitudinal nature of this investigation necessitated the collection and analysis of numerous kinds of data. Data was collected through surveys, interviews, curriculum planning, questionnaires, evaluative procedures, written reports, field work by the Social Worker and Project Director with many agencies and professional personnel, public relations, and weekly staff meetings.

The average client handled by the Project can be described as a 19-year-old single female, at the time of Project acceptance, with a mean education of 7 years. Table 5 indicates that an average of 10.4 months elapsed from the time of referral to DVR to Project acceptance for the 171 clients. This lag in time decreased as the Project served more clients and became better known throughout the State of West Virginia.

Table 5. Comparison of Mean Ages at Time of Referral to DVR, and Project Acceptance (N=171)

Group	Number of Cases	Mean Age at Referral	Mean Age at Project Acceptance	Increment
1	10	19.2	20.6	1.4
2	11	20.3	21.3	1.0
3	13	19.2	20.0	0.8
4	15	19.7	20.6	0.9
5	15	17.9	18.6	0.7
6	14	17.5	18.2	0.7
7	11	19.1	19.7	0.6
8	20	18.7	19.4	0.7
9	16	18.4	19.5	1.1
10	16	17.9	18.8	0.9
11	17	18.0	18.9	0.9
12	13	17.3	18.0	0.7
Total	**171**	**18.5**	**19.4**	**0.9**

Table 6 shows that DVR field staff accepted the majority of Project clients for agency service within 4 months after referral. This is encouraging as other evidence indicates that the mentally retarded generally move very slowly through the rehabilitation process for various reasons. One reason is the limited amount of facilities and staff to work with this disability group.

Table 6. Months from Referral to DVR and Acceptance (N=171)

Months	Number	Per Cent
0- 4 months	96	57
5- 9 months	55	32
10-14 months	13	7
15-19 months	5	3
more than 19 months	2	1
Total	**171**	**100**

Only 33 per cent (57) of this group of 171 had the benefit of special education training (Table 7). Table 8 reports the mean years of school attended and mean grade completed for the 12 groups with no major significant differences between groups. The overall results suggest that several clients were socially promoted and remained in regular classroom settings, but certainly could have derived more benefit from special education training had this been available.

Table 7. Special Education Training

Item	Number of Cases	Per Cent
Yes	57	33
No	114	67
Total	**171**	**100**

Table 8. Mean Years of School Attended and Mean Grade Completed

Group	Number of Cases	Mean Years Attended	Mean Grade Completed
1	10	8.7	7.8
2	11	7.7	6.5
3	13	8.1	7.5
4	15	7.7	7.4
5	15	7.3	6.5
6	14	7.6	5.6
7	11	7.2	6.6
8	20	8.8	8.1
9	16	8.8	8.3
10	16	8.3	7.8
11	17	7.1	6.1
12	13	7.6	6.3
	Total 171	**Grand Mean 7.9**	**Grand Mean 7.1**

Other data show that although 95 per cent of the sample had one or more brothers or sisters, only 29 per cent of the group had one or more siblings who were affected by mental retardation (Table 1—Appendix A). The majority of the 171 clients were the second born child (32 per cent) or the first born child (29 per cent) of several siblings (Table 2—Appendix A).

Only 10 per cent (17) of the 171 were allowed Social Security Benefits as disabled adult children (Table 3—Appendix A). A large majority (93 per cent) had no previous work history prior to Project acceptance, while only one per cent had been working in sheltered workshops for the mentally retarded.

Psychometric Data

Various psychological test data for the twelve groups can be found in Appendix A, Tables 9 through 14. Not all clients were administered the same psychological test battery, although eligibility was determined on the basis of either the Wechsler or Stanford-Binet. The mean full scale Wechsler I.Q. for 97 of the 171 clients was 61.49, or middle-grade deficiency. Significant differences were noted between the mean Goodenough scores (56.87) for 147 clients, as compared with the mean Stanford-Binet scores (61.60) for 41 of the clients. The t-test yields a ratio of 2.43, with 186 degrees of freedom, or significance at the .05 level of significance. The differences between the Wechsler full-scale I.Q. and the Goodenough I.Q. were also significant.

Table 13, (Appendix A) gives a frequency distribution of Vineland Social Maturity Quotients for 149 clients of the total group of 171. The mean for this group was 56, with a standard deviation of 11, and a mean social age of 10.83 at the time of admittance to the Project. Measurements of social growth and development indicated effectiveness of the personal and social adjustment training which occurred in the 8-week EPVC Course. One-hundred and twenty-six of the 171 clients completed the EPVC Course, whereas 45 were terminated by the client's family, or Project Staff prior to completion. A second evaluation of the 126 clients completing the EPVC Course with the Vineland Social Maturity Scale indicates positive improvement in social maturity for the total group.

Table 10 (Appendix A) indicates that most clients (148) were reading, spelling, and performing arithmetic, as measured by the Wide Range Achievement Test, between the third and fourth grade level. This would indicate that most clients within this group were not functioning academically up to their expected potential and could have profited from further remedial education activities.

Table 14 (Appendix A) gives frequency distributions of Bender-Gestalt Scores, scored by the Hain Method (see Chapter 5 for description of this method), and indicates that 37 per cent of 155 clients had brain damage as reflected by critical scores of 13 or higher. These results are only tentative in nature, and more normative data need to be secured utilizing this scoring technique.

Socio-Economic Factors (Family)

Tables 15 through 24 (Appendix A) give frequency distributions of selected traits and characteristics pertaining to socio-economic factors of the client's family. Table 15 shows that 42 per cent of both parents were between the ages of 45 and 54, while Table 16 reveals that more than 50 per cent of the client's fathers and mothers had an eighth grade education or less.

The family income level and parental occupations are reported in Tables 17 and 18 (Appendix A). Fifty-eight per cent of all parents reported income of less than $2,000 per year and the majority of mothers (56 per cent) were employed as housewives. Fifty-four per cent of the fathers were employed in semi-skilled, unskilled, or agricultural occupations.

Fifty-one per cent of the clients came from areas of the State of West Virginia with populations of 2500 or more, while 49 per cent resided in areas of 2499 population or less—a fairly even distribution between urban and nonurban geographical areas of the state—(Table 19, Appendix A). The majority (82 per cent) of all clients were residing with their parents or foster parents at the time of Project admittance, as opposed to 11 per cent who came from public or private institutions. Only 20 per cent of the parents were affiliated with any type of organized support groups for the mentally retarded, indicating the need for improved public awareness of this problem in West Virginia.

Fifty-seven per cent of all parents were receiving some type of financial support from public funds such as public assistance, Social Security, public institutions, or family and friends, as compared with 43 per cent with private earnings or private insurance (Table 24, Appendix A). These results in conjunction with family income level (Table 17, Appendix A) indicate that approximately 65 per cent of this group of parents had incomes of less than $3000 per year per family and would meet the criteria for classification as proverty-stricken as defined by the U. S. Office of Economic Opportunity. These facts tend to support the premise that anything less than a total comprehensive approach to this major problem would be less than adequate.

Disposition of Project Cases

Tables 25 through 30 (Appendix A) give an accounting of the total group of 171 clients and the disposition of the cases as of December 31, 1964. Tables 25 and 26 show that 25 per cent or 45 clients were withdrawn by the family for various reasons or were terminated by the Project Staff prior to completion of the EPVC Course. Seven clients became psychotic after Project admittance and four were returned to state institutions.

Twenty clients were withdrawn by their families, primarily because of parental reluctance to permit their daughters to remain for the 8-week EPVC Course. Many of these parents were fearful and apprehensive as to the amount of supervision which would be given their daughters at the Center. Some were fearful that their daughter might become pregnant. Over-protection and reluctance on the part of these parents, therefore, prevented their daughter from becoming more independent. Overall, 75 per cent of all clients admitted to the EPVC Course were able to complete the program, compared with 25 per cent who failed to complete the course.

Tables 27 and 28 (Appendix A) report the frequencies of Project Staff recommendations and specific training areas recommended for clients at the West Virginia Rehabilitation Center. These numbers do not equal 171 clients or 100 per cent, as many clients received several recommendations for the same category of service.

The Project Staff felt that many clients could profit from a variety of needed programs. This further substantiates the dire shortage of needed facilities and programs for the mentally retarded in West Virginia. It was the consensus of the Professional Staff that 71 clients could benefit from sheltered workshop programs and that 65 of this number further needed the services of a rehabilitation house and/or hostel.

The majority of all clients (121) were seen as being able to profit from further advanced vocational training, including flexible periods of time for personal and social adjustment training. By December 31, 1964, 59 clients or 34 per cent had been placed in competitive employment, primarily within service occupations, or were rehabilitated as homemakers or unpaid family worker.

Table 30 (Appendix A) indicates that 46 clients completed further advanced vocational training at the West Virginia Rehabilitation Center beyond the services of the EPVC Course, and 18 clients are engaged in vocational training or awaiting admittance to the Center for training.

Cost

Tables 31 and 32 (Appendix A) give an analysis of cost factors for the total sample. The average total sum spent for the 171 cases was $512. The average cost of $512 refers only to Project cost, Center cost and purchased case services. It does not include administrative expenditures or other direct services provided by Division Staff personnel such as counseling and guidance, job placement and follow up. These direct services represent approximately two-thirds of the rehabilitation expenditures. The average sum expended for diagnosis and evaluation for 170 clients was $21.25 with no money spent for one case. The average sum expended for 98 clients requiring surgery or treatment, prosthetic devices, hospitalization, training (other than Rehabilitation Center) and maintenance was $29.80. The number who required no money for the previously mentioned services was 73 (43 per cent).

Chapter V. Work Placement Success

This Chapter is concerned with 171 mentally retarded adult females all residents of West Virginia, exposed to the Evaluation and Prevocational Conditioning Course during 31 months of operation.* The discussion of the data presented in this Chapter is presented under two major sections: (1) findings pertaining to 59 rehabilitated clients from the total group of 171 clients, and (2) factors related to work placement success for the mentally retarded—a study of 89 selected cases. Chapters which follow are devoted to counselor opinions regarding effectiveness of Project services, employer attitudes related to the employment of the mentally retarded, and representative selective case summaries.

Characteristics of 59 Rehabilitated Clients

Many of the major findings were reported in Chapter IV, wherein a description was given of the Project clients. Further reference may be made to Appendix A, Tables 1-39, for detailed statistical data for this total group. Tables 33-39, Appendix A, report major findings concerning the 59 clients who were rehabilitated into competitive or semi-competitive employment. A client who had been provided rehabilitation services which enabled her to become employed for a period of at least 30 days was considered rehabilitated. It can be observed from Table 35 (Appendix A) that for 39 of these 59 girls retardation was attributable to disease, injuries, and congenital conditions. Working very closely with the Project Social Worker—who elicited pertinent medical-social history data—the Medical Consultant to the Project was able to contribute much to the identification of specific causes for the retardation.

Fifty-one per cent of these clients were on the agency rolls from acceptance to closure for a period of 10 to 19 months, compared to 9.6 months for all rehabilitants in West Virginia for Fiscal Year 1964 (Table 33, Appendix A). Two special counselors serving the mentally retarded in West Virginia during Fiscal Year 1964 rehabilitated the bulk of their cases in less than 9 months.

It is encouraging to note (Table 33) that in 85 per cent of the 59 Project cases rehabilitated over a span of 3 fiscal years, follow-up services were provided for a period of 1 to 4 months. Ten per cent of the rehabil-

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*The facilities of the Data Processing and Statistical Section of W. Va. DVR were most helpful in this Project. The Project Director wishes to express appreciation to Charles A. Lemkuhl, Jr., (Statistical and Research Specialist), William C. Lamb (Tabulation Room Supervisor), and Gary C. Palmer (Director of Research) for their invaluable assistance in the statistical and fiscal analysis of the data.

itants were provided follow-up services for a period of 5 to 9 months, and the remaining five per cent for a period of 10 to 14 months.

Eighty-six per cent of this group of mentally retarded girls were not working at acceptance and the other 14 per cent were unpaid family workers and not in the competitive labor market (Table 34, Appendix A). At closure, however, 41 per cent were in the competitive labor market, and 59 per cent were placed as homemakers or unpaid family workers. Six clients, or 10 per cent of this group, were married after the completion of the EPVC Course.

Further advanced vocational training and post-Project follow-up by the Field Counselor, Project Social Worker, or Project Director indicated these clients were making a good family adjustment. One of the Project goals was that, hopefully, each client would profit from the EPVC Course experience, whether she was placed into competitive employment, married and became a homemaker, or was able to function more effectively in her own home with her parents.

Table 36, (Appendix A) shows that these mentally retarded females were generally placed in service occupations (39 per cent)—only one of the 59 girls was placed in a skilled job. In view of this, rehabilitation personnel should perhaps intensify their placement efforts for the mentally retarded in service-type occupations.

The average salary was $15.97 per week for these mentally retarded females, compared to an average of $33.05 for all rehabilitants in West Virginia for Fiscal Year 1964. The range in salary for the 59 girls was from $5 to $45 per week. The $45 weekly wage was earned by a client placed as a sewing-machine operator in a garment factory in Pennsylvania. This average figure reflects the fact that 59 per cent of the sample were placed as homemakers or unpaid family workers (Table 37, Appendix A).

Twenty-four per cent of the total 59 cases were given no training other than training received within the 8 week Evaluation and Prevocational Conditioning Course (Table 39, Appendix A). Forty of the 59, or 67 per cent, were trained at the Rehabilitation Center in such areas as sewing, housekeeping, laundry, nurse's aide training, kitchen helper or cooking and baking. Five clients, or 9 per cent, received training in sheltered workshops sponsored by parental groups on behalf of the mentally retarded.

It is interesting to observe in Table 38 (Appendix A) that 44 per cent of the rehabilitated 59 cases located a job on their own during the rehabilitation process. Twenty-seven per cent returned to former jobs. Special placement techniques of DVR were used in only 12 per cent of the cases.

Clearly, much more emphasis should be on placement with the mentally retarded. This is one of the most difficult aspects of working with the retarded and is closely related to the use of community resources—another weakness in West Virginia.

It should be pointed out that these figures may not reflect a completely accurate account of counselor placement efforts, since the counselor categorizes each client into one of the five areas as noted in Table 38 (Appendix A). Furthermore, since 59 per cent of the 59 rehabilitated cases were placed as homemakers or unpaid family workers, these cases are also reflected in the figures of clients locating their own jobs or returning to their former jobs. Post-placement needs of the mildly mentally retarded arise when the retarded individual is unable to cope successfully with the routines of daily living. The retarded often manifest their adaptive impairment when exposed to occasional, relatively unique problems and life crises. Data within this study (Table 33, Appendix A) seem to indicate that the time elapsing between placement and closure was in most cases too short to permit adequate followup. However, under present legal restrictions, the DVR agency cannot assume total responsibility for the continuing needs of mentally retarded persons living in the community and working either in competitive or sheltered employment.

Research efforts within the past two or three years have pointed out the need for development in communities of a "fixed point of referral" for the mentally retarded. Such a coordinating community resource would assume responsibility for assuring proper referral of mentally retarded to appropriate agencies as particular needs emerged. Evidence gathered throughout this study demonstrated such a need. This endeavor could provide a single continuing lifetime contact to which retarded persons and their families could turn. Rehabilitation counselors could be instrumental in lending their support and leadership in the development of such undertakings in their respective communities. This type of program would provide the rehabilitation counsler with another resource with procedures for coordination, cooperation, referral, and consultation. Such a resource presently is not available.

Factors Related to Work Placement Success

Many factors may contribute to the success or failure in the work placement of the mentally retarded. In the present study a simple statistical procedure was used to explore the significance of variables which may be related to work adjustment after the young adult mentally retarded female has been exposed to special rehabilitation services for the retarded. The clients of this special study were 89 girls from West Virginia who had received rehabilitation services from Project 957 at the West Virginia Rehabilitation Center between June 1, 1962, and December 20, 1963. Although the Project served 171 girls from June 1, 1962, through December 31, 1964, only the first seven groups (89) are being analyzed here. It was felt that during the 31-month period of the Project these 89 clients would have equal opportunities for rehabilitation services and ultimate success or failure.

Each client was classified as either a success or failure, depending upon whether or not she was successfully rehabilitated. Personal judge-

ments were avoided as much as possible, and information from the records which could be objectively classified was used.

For each of twelve variables evaluated, a chi-square was computed for the resulting contingency tables and tested for significance. Forty-nine of the 89 clients were rehabilitated into competitive or semi-competitive employment, compared with 40 clients not rehabilitated.

Psychometric Data

Tables 9 through 12 give frequency distributions of various test scores for both the rehabilitated (49) and non-rehabilitated (40) groups. These data were incomplete, since all clients did not receive the complete battery of tests. The results of the statistical analysis comparing the differences between the two groups are shown in Table 13. These results reveal no statistically significant difference between the two groups on the seven variables evaluated with the t-test for significance. The original hypothesis was that the two groups were drawn from the same population. Their comparability was indicated by the failure of the t values between the means of the two groups to reach significance as shown by Table 13. Therefore, with respect to the seven variables both groups were fairly homogeneous and came essentially from the same population.

Dr. Jack Hain of the University of Virginia School of Medicine has developed a scoring system for the Bender-Gestalt Visual Motor Test capable of differentiating brain-damaged groups from non-brain-damaged groups. This study was reported in the *Journal of Consulting Psychology,* Vol. 28, No. 1, February, 1964.

Table 9. Distribution of Vineland Social Quotients

Social Quotient	Rehabilitated Group	Non-Rehabilitated Group
85 - 89	0	0
80 - 84	0	0
75 - 79	1	1
70 - 74	1	3
65 - 69	6	4
60 - 64	8	2
55 - 59	9	8
50 - 54	6	8
45 - 49	8	5
40 - 44	5	4
35 - 39	1	0
30 - 34	2	1
	Total 47	Total 36
	Mean 53.89	Mean 54.94
	SD 10.12	SD 9.93

Table 10. Distribution of Goodenough and Stanford-Binet I.Q.'s

Intelligence Quotient	Rehabilitated Group Good-enough	Rehabilitated Group Stanford-Binet	Non-Rehabilitated Group Good-enough	Non-Rehabilitated Group Stanford-Binet
80 - 84	1	0	1	0
75 - 79	3	2	1	0
70 - 74	1	2	4	0
65 - 69	4	2	4	2
60 - 64	11	0	2	1
55 - 59	9	1	5	2
50 - 54	10	2	4	2
45 - 49	1	1	4	2
40 - 44	3	0	8	1
35 - 39	1	0	0	0
30 - 34	1	0	0	0
Total	**45**	**10**	**33**	**10**
Mean	**58**	**63.8**	**56**	**54.7**
S.D.	**10.14**	**10.63**	**11.87**	**8.16**

Table 11. Distribution of Scores by Grade Level in Reading, Spelling, and Arithmetic on Wide Range Achievement Test

	Reading		Spelling		Arithmetic	
Score	Rehabilitated	Non-Rehabilitated	Rehabilitated	Non-Rehabilitated	Rehabilitated	Non-Rehabilitated
10.1-11.0	0	0	0	0	0	0
9.1-10.0	0	0	0	0	0	0
8.1- 9.0	0	0	0	0	0	0
7.1- 8.0	1	0	0	0	0	0
6.1- 7.0	3	0	4	2	1	2
5.1- 6.0	4	4	11	4	5	1
4.1- 5.0	14	5	5	2	7	4
3.1- 4.0	8	11	10	7	12	11
2.1- 3.0	9	7	8	12	11	9
1.1- 2.0	6	6	6	7	8	7
0.1- 1.0	2	1	3	1	4	1
Total	**47**	**34**	**47**	**35**	**48**	**35**
Mean	**3.8**	**3.3**	**3.8**	**3.2**	**3.21**	**3.19**
S.D.	**1.7**	**1.2**	**1.7**	**1.5**	**1.4**	**1.3**

Table 12. Distribution of Wechsler I.Q.'s

	Verbal		Performance		Full Scale	
I.Q.	Rehabilitated	Non-Rehabilitated	Rehabilitated	Non-Rehabilitated	Rehabilitated	Non-Rehabilitated
80 - 84	1	2	4	1	1	0
75 - 79	8	6	2	2	2	1
70 - 74	7	5	3	3	6	4
65 - 69	11	6	8	6	2	4
60 - 64	9	5	3	4	8	3
55 - 59	3	5	4	2	5	3
50 - 54	5	6	4	1	2	4
45 - 49	3	1	1	2	3	2
40 - 44	0	1	1	1	0	0
35 - 39	0	0	0	0	0	0
30 - 34	0	1	0	1	0	1
Total	**47**	**38**	**30**	**23**	**29**	**22**
Mean	**65.66**	**62.66**	**65**	**63**	**63**	**61**
S.D.	**9.27**	**13.70**	**10.63**	**11.79**	**9.22**	**10.63**

Fifteen final signs were identified which were differentiating. These were: perseveration, rotation or reversal, concretism, added angles, separation of lines, overlap, distortion, embellishments, partial rotation, omission, abbreviation of designs #1 and #2, separation, absence of erasure, closure, and point of contact on Figure A. Table 14 reports the frequency distribution of Bender scores, as scored by the Hain method between the two groups. Any score above 13 was found to be the critical area in the original Hain Study.

It can be noted from Table 14 that 37 per cent of the rehabilitated group receives scores of 13 or more as compared with 39 per cent of the non-rehabilitated group. There was no significant difference between the means of these two groups, the t-ratio being 1.19. It is interesting to note that Hain, in his original study and cross validation groups, found that in his brain damaged group (41), 39 per cent received scores of 13 or higher or fell within the critical area. Actually, there is a close relationship between Hain's findings and the results reported in this study. However, the present results should be interpreted with considerable caution as the present study dealt with homogeneous groups, whereas Hain's work dealt with a heterogeneous population.

Data would seem to indicate that none of the psychological test information was successful in predicting success or failure with this group of rehabilitated and non-rehabilitated mentally retarded clients. Table 13 indicates no significant statistical differences between groups for academic achievement, brain damage, social maturity or intelligence.

Other factors to be discussed in the next section, such as social and vocational adjustment of the clients, level of client aspiration, and professional staff ratings appeared to be more significant in predicting success.

Table 13. Differences Between Rehabilitated (49) and Non-Rehabilitated Groups (40)

	N	Mean	S.D.	Diff. Means	t ratio*	df
1. Wide Range Achievement Test (Reading)****						
Rehabilitated	47	3.8	1.7	.5	1.45	79
Non-Rehabilitated	34	3.3	1.2	----	----	----
2. Wide Range Achievement Test (Spelling)						
Rehabilitated	47	3.8	1.7	.6	1.64	80
Non-Rehabilitated	35	3.2	1.5	----	----	----
3. Wide Range Achievement Test (Arithmetic)						
Rehabilitated	48	3.21	1.4	.02	.066	81
Non-Rehabilitated	35	3.19	1.3	----	----	----
4. Bender-Gestalt Scores						
Rehabilitated	43	10.00	6.63	-1.69	1.19	74
Non-Rehabilitated	33	11.69	6.08	----	----	----
5. WAIS (Verbal I.Q.)						
Rehabilitated	47	65.66	9.27	3.00	1.19	83
Non-Rehabilitated	38	62.66	13.70	----	----	----
6. Vineland Social Quotient						
Rehabilitated	47	53.89	10.12	-1.05	.466	81
Non-Rehabilitated	36	54.94	9.93	----	----	----
7. Stanford-Binet I.Q.						
Rehabilitated	10	63.8	10.63	9.1	.679	18
Non-Rehabilitated	10	54.7	8.16	----	----	----

*Non significant at the .05 or .01 level of confidence.

**Test scores not available on all cases rehabilitated (49) and non-rehabilitated (40).

Table 14. Distribution of Bender-Gestalt Scores

Score		Rehabilitated Number	Non-Rehabilitated Number
Normal	0	6	0
Areas	1	1	3
	2	1	0
	3	2	0
	4	1	2
	5	0 (26%)[a]	0 (15)%
	6	1	0
Borderline	7	2	1
Area	8	2	4
	9	1	3
	10	3	3
	11	4	2
	12	3 (37%)	2 (46%)
	13	3	1
Critical	14	6	2
Area	15	2	1
	16	1	2
	17	0	0
	18	1	1
	19	0	2
	20	0	1
	21	0	1
	22	0	1
	23	1	0
	24	0	0
	25	0	0
	26	2 (37%)	1 (39%)
Total		**43**	**33**
		Mean 10.0	**Mean 11.69**
		S.D. 6.63	**S.D. 6.08**

[a] Number in parenthesis is the percentage of the distribution falling within the area marked off by the solid horizontal lines.

Adjustment and Other Data

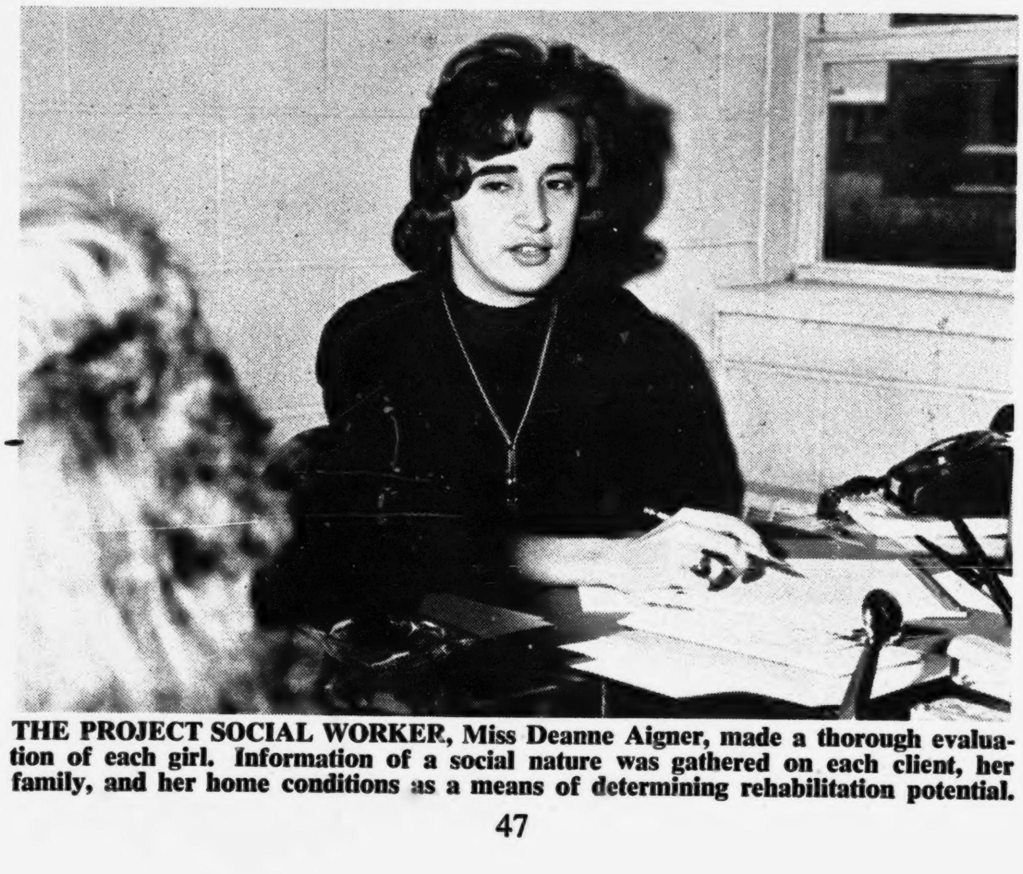
Personal judgements about the clients were avoided, but the consensus of professional staff evaluations was utilized in judging the following factors: parental attitudes, Project staff ratings of clients, level of aspiration of the client, client attitudes, emotional problems (received psychiatric diagnosis), and social and vocational adjustment. A real attempt was made to arrive at objective ratings.

Parental attitudes were evaluated by the Project Director and Social Worker on such factors as interest of the parents in their mentally retarded daughter, understanding and acceptance, adaptability, independence, self-

confidence, rigidity, stability, and similar traits. (See copy of rating sheet in Appendix D). This rating occurred after several parental counseling sessions.

Project Staff ratings of clients represented a consensus of the entire Project Staff at the time of the girl's termination from Project services. This occurred at the final staffing for each girl and included the Project Director, Medical Consultant, Social Worker, Technical Counselor, Dormitory Counselor, and Recreational Director. Judgements were made as to whether the client was improved, unimproved or regressed, following the 8-week exposure to the EPVC Course. An overall opinion was also given at the final staffing as to the client's aspirational level and attitudes.

Continuous evaluation occurred throughout the 8-week period in the social and vocational adjustment areas. This also was a team effort, consisting of the Social Worker, Project Director, Technical Counselor, Dormitory Counselor, and Recreational Director. Such factors as appearance and personal hygiene, adjustment to dormitory living, ability to get along with others, use of leisure time, recreational activities, level of functioning, cooperation, training potential, and similar social and vocational areas were evaluated. (See Appendix D for copy of evaluation report forms.) Constant observation occurred in the domestic arts classroom, dormitory, recreational area and other Center areas. Project Staff experience during the 3-year period contributed to more effective means and procedures for evaluating and identifying factors which might predict vocational success for the mentally retarded.



THE PROJECT SOCIAL WORKER, Miss Deanne Aigner, made a thorough evaluation of each girl. Information of a social nature was gathered on each client, her family, and her home conditions as a means of determining rehabilitation potential.

Rehabilitation field counselors, parents, and Project Staff evaluated each of the 89 clients as to whether she had improved, not improved, or regressed after her exposure to the EPVC Course and rehabilitation services (Table 15). Follow-up home visits by the Social Worker and Project Director were made to 80 of the 89 homes after a 1 to 2-year period following termination from the Project and the West Virginia Rehabilitation Center. All raters were asked to consider each girl's improvement in such areas as improved independence; competency in simple homemaking skills; activities of daily living, self-help and self-care activities; work habits, skills and attitudes; personal grooming habits; ability to travel; social adjustment; vocational adjustment; and personal adjustment. Professional Project Staff agreement concerning suitability for work placement, as well as rehabilitation counselor evaluations of change were significant at the .05 and .01 level of significance, respectively. Parental evaluation of change was found to be insignificant, indicating the possibility that close emotional involvement of the parents may have handicapped the parents in making objective evaluations relative to successful work placement of their mentally retarded daughters (Table 15).

GOOD GROOMING and proper dress, table manners and courtesy, and personal hygiene and safety received heavy emphasis during the eight-weeks' adjustment and evaluation course.

Table 15. Characteristics of Rehabilitated (49) and Non-Rehabilitated (40) Cases

Factor	Rehabilitated	Non-Rehabilitated	Chi Square	df	Significance
	N	N			
1. Special Education			.7449	1	NS*
Yes	13	14			
No	36	26			
2. Residence			12.530	8	NS
50,000 - 99,999	8	4			
25,000 - 49,999	5	6			
10,000 - 24,999	4	4			
2,500 - 9,999	4	11			
2,000 - 2,499	1	2			
1,500 - 1,999	2	3			
1,000 - 1,499	3	1			
Under 1,000	15	3			
Rural	7	6			
3. Family Income			1.1	3	NS
Over $7,000	5	3			
$4,000 - $6,999	9	7			
$2,000 - $3,999	5	7			
Under $2,000	30	23			
4. Parental Attitudes			.2469	2	NS
Positive	31	25			
Negative	18	15			
5. Parental Evaluation of Change			1.599	2	NS
Improved	35	28			
Unimproved	4	2			
Regressed	1	0			
Not Reported	9	10			
6. Project Staff Ratings			7.23	2	.05
Improved	45	28			
Unimproved	3	10			
Regressed	1	2			
7. Counselor Evaluation			9.96	2	.01
Improved	45	26			
Unimproved	3	9			
Regressed	1	5			
8. Level of Aspiration			4.097	1	.05
Realistic	40	25			
Unrealistic	9	15			

Table 15. Characteristics of Rehabilitated (49) and Non-Rehabilitated (40) Cases—(Continued)

Factor	Rehabilitated	Non-Rehabilitated	Chi Square	df	Significance
	N	N			
9. Emotional Problems			.19	1	NS
Yes	21	19			
No	28	21			
10. Social Adjustment			8.097	3	.05
Good	16	9			
Average	8	11			
Fair	19	8			
Poor	6	12			
11. Vocational Adjustment			12.32	3	.01
Good	12	9			
Average	13	4			
Fair	19	11			
Poor	5	16			
12. Client Attitudes			2.389	2	NS
Positive	39	26			
Indifferent	3	4			
Negative	7	10			

*NS—Non-significant.

Sufficient information was available to test for the effects of residence, family income and occupation, parental attitudes, and parental evaluations of change. None of these factors was significant. The Staff did not conclude that family characteristics are unimportant in work placement success of mentally retarded females, but merely that clear statistical information is difficult to find. Also, exposure to special education training was found not to be significant (Table 15).

The level of aspiration of the client and social adjustment were found to be significant at the .05 level of significance. Vocational Adjustment of the client was significant at the .01 level of significance. Even though a client had experienced serious emotional problems (received a psychiatric diagnosis), this, in itself, did not prove to be significant in determining the success or failure of the girl. Attitudes of the client were not significant in predicting their success or failure in work placement.

In summary, the relationship between success of work placements of mentally retarded females and twelve variables classified from clients' records and professional staff judgements was investigated. Family characteristics (e.g., residence, family income, parental attitudes, and parental evaluation of change), emotional problems, special education training, and client attitudes were not significant. Professional staff agreement (including rehabilitation counselors) concerning suitability for work placement, as well as for the social and vocational adjustment of the clients, was significant. The level of aspiration of the mentally retarded female was also found to be significant. The results of this study were in general agreement with previous results relative to work placement success for the mentally retarded.

ALL THE GIRLS who remained in the Project received some benefit from the eight-weeks' course. Even those who were not recommended for advanced training returned home to become more useful and independent members of their families.

Chapter VI. Selected Case Summaries

For the purpose of at least partially documenting some of the subjective data presented, eight case summaries selected at random will be presented. The following are selective case summaries, representative of the total groups served within the Project.

Mary A

Mary A was referred to the Division August 1961 by the Department of Education, Special Education Program. When Mary was referred, she was living with her family and had received an 8th grade education through special classes. Mary contacted measles at an early age which resulted in encephalitis with severe brain damage as a result.

At the time of Project services, neurological reports were positive and Mary was hyper-active with severe temper tantrums and enuretic. Upon admittance to the Project, she formed a very close attachment to a doll which was utilized for training purposes. When permitted to sleep with the doll, it was noted that her enuresis disappeared.

Mary had a Full Scale I.Q. of 56, Social Quotient of 55, and was performing academic subjects at about the second grade. Mary came from an above average socio-economic environment with very understanding parents. At the Center, her hyper-activity, extremely limited memory span, and poor comprehension presented major problems coupled with a mild emotional disturbance. Marked improvement was noted in inter-personal social relationships with others as well as some improvement in work habits and attitudes.

After leaving the Center, Mary was later evaluated at NIH upon the recommendation of the Project Staff. Case accepted 1961, entered the Project August 1962, and case was closed as rehabilitated, unpaid family worker, 9/11/63. On 12/8/64 a follow-up was made to the home by the Project Social Worker and parents indicated that the Project had been a profitable experience for their daughter. It was noted that client keeps her own room clean, helps with other housekeeping duties, and does not have the problem of enuresis.

Although this girl was not placed in competitive employment, it seemed to appear that she did profit from the intensive purposes and goals of Project 957. With the services of a comprehensive occupational day center coupled with a sheltered workshop for trainable mentally retarded persons, this girl's needs could have been more adequately met.

Jo Ann B

Jo Ann was referred to DVR by the public school system February 1962, and at the time of admittance to the Project, was a 21 year old single female, 12th grade education, primarily through social promotion with a Full Scale I.Q. of 71 and a history of seizures.

This young lady came from a below-average socio-economic environment, the family receiving payments from DPW in the amount of $165 per month. She presented many psychosomatic complaints, was rather nervous and confused at times, with a tendency toward hallucination and schizoid tendencies. Jo Ann originally was over-aspiring as to her abilities. She had a Social Maturity Quotient of 50 and was performing academic work between the 4th and 5th grade levels.

In May 1963 after receiving Project services and some nurses aide training at the Center, the case was closed as rehabilitated, employed as a nurses aide earning $25 per week. She worked for one hospital for approximately one year and made a transfer to another hospital on her own where she has been working for the past two years earning $35 per week. The Project Director contacted this girl on December 8, 1964, and from all indications client appears to be making a good adjustment and remarkable changes were noted. A recent communication with Jo Ann expressed her feelings better than any staff member could:

> I would like to show my appreciation by writing to you and certainly appreciate everything that you and everyone at the Center has done for me. I have been working at ------------------------------ Hospital for almost two years and enjoy my work very much. I would like for you to tell everyone, the teachers, how much I appreciate the training and help I received.

Jane C

Jane was referred to DVR by the state university 3/17/62 and was accepted for the Project on 8/27/62 and completed Project services 10/24/62. Her case was closed rehabilitated 9/16/63 after she had been employed for a period of 6 months as a sewing machine operator earning $45 per week in another state, other than West Virginia.

At the time of admittance to the Project, Jane had completed a 12th grade education through social promotion and had a secondary disability of slight speech impediment. She came from an above average socio-economic background and her parents were both professional persons. This client had a tested I.Q. of 77 but was reading, spelling, and performing arithmetic at about the fourth grade level.

Jane was one of triplets, one of which died five days after birth, and all of her siblings were college graduates, some having received training in graduate school. She made an excellent adjustment from all aspects and upon a cursory survey and impression, did not appear to be retarded at all with no physical stigmata of retardation. The client was very realistic as far as occupational goals, was able to live in a city in another state, manage her own money, transportation, and living arrangements, and was self-supporting.

Follow-up in the home on 10/5/64, one year after her case was closed rehabilitated, indicated that the parents were still attempting to push this girl beyond her limitations. They were continuing to make unrealistic efforts to get her accepted into small colleges which was completely unrealistic. The client left her job, returned to West Virginia, is now attending adult education classes, and indicates that she would like to receive vocational training as a PBX operator which would be in keeping with her interests, personality, aptitudes, and abilities.

Virginia D

Virginia was referred to DVR by her Child Welfare Worker in May, 1962, was admitted to the Project 10/29/62, terminated the Project 12/21/62, and returned to the Center for further advanced training in nurses aide and terminated this training 5/3/63.

This girl came from a very deprived home background and had been in foster homes for the past 11 years. It was felt that her retardation was due to cultural, economic, and academic impoverishment. Her tested intelligence was an I.Q. of 74, a Social Quotient of 53, and was performing academic subjects between the 5th and 6th grade level.

After leaving the Center, Virginia was married to a former client trainee at the Center. Virginia was placed in a nursing home and remained there for only a brief period of time at which time she and her husband were both employed at the same restaurant, the husband working as a cook and baker and this girl working as a kitchen helper and waitress. Virginia and her husband were earning $42 per week each at the time that both cases were rehabilitated.

Seventeen months after this girl was originally known to the Division, she was completely self-sustaining after appropriate DVR services were provided. The total cost for rehabilitation including Project costs to remove this girl from a life of dependency to economic sufficiency was $1539. Fourteen months after placement, Virginia appears to be making a very satisfactory adjustment to her work, family life, and ability to function adequately in society.

Linda E

Linda was referred to DVR, 12/13/62, by an interested individual. She was admitted to the Project on 3/6/63 and completed the EPVC Course 5/3/63 and returned to the Center for further advanced training as a kitchen helper. This training program was completed on 1/30/64, and she was subsequently placed in a local hospital working in her home town as a kitchen helper earning $30 per week.

Previous attempts had been made to train Linda as a nurses aide but in view of her academic background, this was found to be too difficult for her. Although she had an I.Q. of 75 with a Social Quotient of 71, her academic achievement in all areas was below the second grade level. Linda was one of twins, both of whom were adopted children. There were no physical signs of retardation. She was a very attractive and cooperative young lady with traits of leadership ability relative to the fourth group of girls. Although this girl had received rather intensive services for the mentally retarded including advanced vocational training, it was necessary for her parents to subsidize part of her salary at the local hospital until she gained speed and confidence with her work.

A follow-up home visit was made by the Project Director, August 28, 1964, at which time this supplementary economic provision by the family was no longer necessary as she was able to compete on her own with other hospital employees doing the same type of work.

Joyce F

Joyce was referred to DVR 7/17/62 by the local parent association for retarded children. She was accepted for Project services 10/29/62 and completed this program 12/21/62. Client's case was closed as rehabilitated working in a sheltered workshop under the auspices of a local association for the mentally retarded.

At the time of admittance to the Project, this young lady was 25 years of age with a second grade education and secondary problems of mongolism and obesity. Her Social Quotient was 30 and academic achievement below the second grade level, in all areas. This girl's tested Full Scale I.Q. was 48, her speech was totally intelligible, her manners and graces were exceptionally good and were indicative of what can happen when appropriate and proper training for the mentally retarded are provided through good special education and auxiliary services.

A follow-up visit was made on 10/7/64 and this client had been working in the sheltered workshop for approximately 12 months. The family indicated they feel their daughter had profited considerably from her experiences within the Project in such areas as developing further independence, more competency in ADL, self-help, and self-care activities.

Barbara G

Barbara was referred to the Division 7/10/62 by the State Association for Mentally Retarded Children and admitted to the Project on 1/7/63, completing this program on 3/1/63. At the time of acceptance in the Project, she was 17 years of age with a 7th grade education through special education, a tested I.Q. of 47, and a Social Quotient of 49. She was performing all academic subjects at about the first grade level, and had secondary disabilities of metabolic disturbances as well as mongolism. She had remarkably good speech as well as good social graces and manners indicating her good past training and home background. There had been much exposure to many social activities including many summer camps, YWCA activities, church activities, and proper love, acceptance, and understanding from her parents.

Approximately one year after leaving the Rehabilitation Center and Project, the client was placed in a sheltered workshop under the auspices of the parent group for the mentally retarded, and follow-up services by the Social Worker and Project Director on 10/7/64 indicated she was making an excellent adjustment to this activity. Thirteen months after leaving the Project, this girl's father died unexpectedly with a cardiac attack and temporary changes were noted in her personality at that time, but follow-up contact with the mother indicated there has been considerable understanding and good adjustment relative to the death of her father.

The Project Staff felt that the experience at the Center had helped Barbara in several respects, the major ones being socialization experiences, and the opportunity for close identification with strong personalities outside the family group. This particular case indicated the deficiency of necessary facilities to properly serve the mentally retarded, in that, to adequately meet this girl's needs would have required such facilities as a sheltered workshop, a rehabilitation house and/or hostel, in the event that no family member would be able to give their support. It also indicated that we need a system of "a fixed point of referral" to begin to cope with this problem.

Nancy H

When Nancy was still a tiny infant, she was given a series of medical examinations by a staff of physicians. There was something wrong with the girl and her parents wanted know what could be done to help her. For Mrs. H. the answer was difficult to accept. "They told us to take her home and make her happy as possible," Mrs. H. recalled. "They said she would not live to be more than four or five years old."

But as the medical profession had been wrong in the past, the doctors were also wrong that day in predicting Nancy's fate. Perhaps they failed to consider the many variables which operate beyond the realm of medicine—intangibles such as love and prayer and a child's desire to live. Today, Nancy is very much alive, although in poor physical and mental health.

Nancy's life has not been easy. "She did not learn to walk until she was almost four years old," her mother said. "Nancy was not just double-jointed, like some children. She was triple-jointed. In those days, she did everything with her feet—hold a nursing bottle, play the piano, and many other things." Nancy's mother and father (the father is now deceased) did everything they could to help the child. She was examined in a number of different medical centers, including one in Virginia. As Nancy grew older, she was sent to public schools and later attended special schools for the mentally retarded in Ohio and Virginia. A teacher was also provided to give speech therapy in the home.

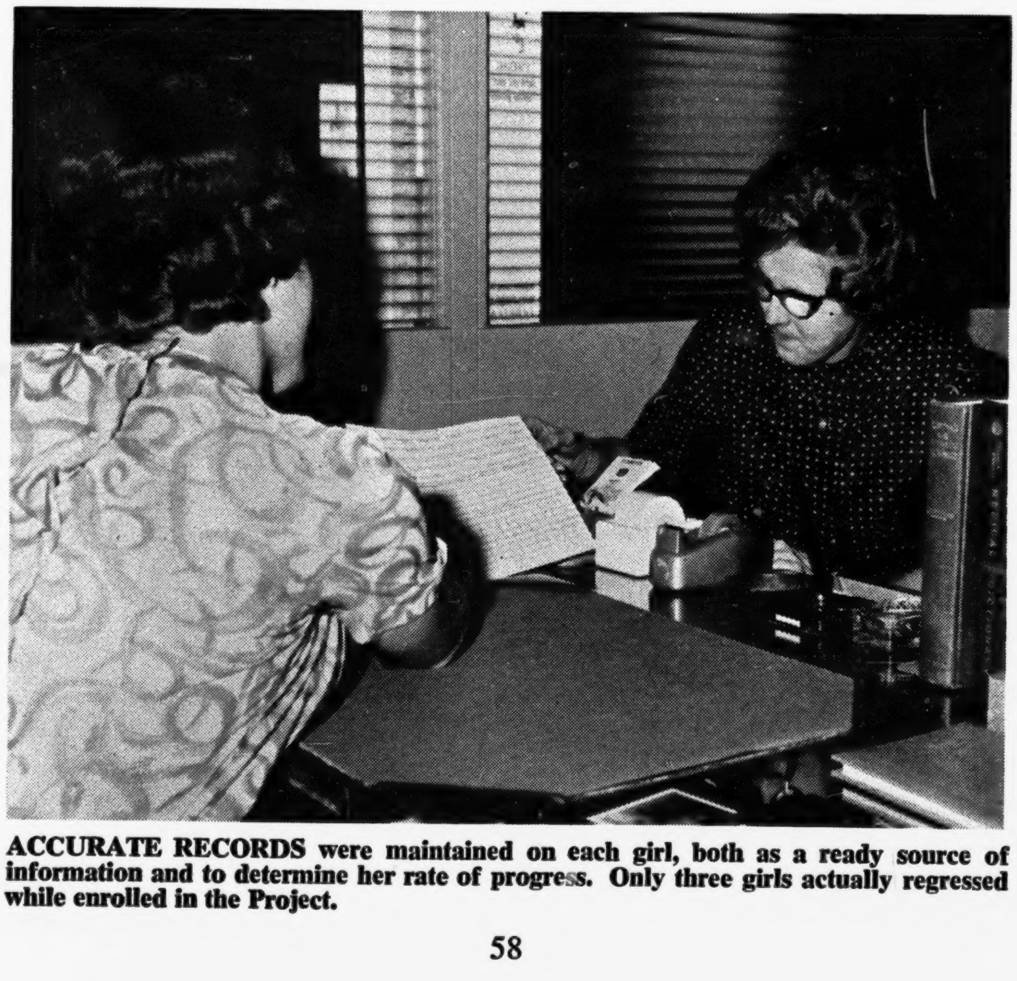
Nancy is now 27 years old and is enrolled in Project 957 at the West Virginia Rehabilitation Center near Charleston. Nancy is not only mentally retarded, but is also troubled by four secondary disabilities: mongolism, dermititis, a speech impediment, and visual limitations which have been corrected with glasses. Despite her many handicaps, Nancy has made a good social adjustment since her arrival at the State Rehabilitation Center.

She goes to the recreational area often, has generally been accepted by other members of the class and the Center clients, and has done much to alter the negative attitudes which are often prevalent where the mentally retarded are concerned. Nancy has made steady improvement by gaining more personal independence and by acquiring more competency in active daily living, self-help and self-care activities as well as in socialization skills. Mrs. H is also well pleased with the progress her daughter has made while enrolled in the Project.

When Nancy completes the 8-weeks' course next month, the Project Staff will probably recommend that she be placed in either a sheltered workshop or in an occupational day care center. In either setting, she will be able to perform useful work while operating under close supervision. If such placement opportunities are not available, she will more than likely return home where she can at least engage in homemaking activities within her own home environment. Even if Nancy never manages to become entirely self-supporting, the fact that she has gained a new measure of independence and self-reliance will bring a little sunshine into the lives of both herself and her mother. If this turns out to be the case, then it will certainly be worth the effort.

Chapter VII. Counselor's Opinion Regarding Effectiveness of Project Services

On June 22, 1964, an opinion questionnaire was mailed to fifty rehabilitation counselors employed in the West Virginia DVR program in an effort to evaluate the usefulness of Project reports and recommendations. The Project Staff was concerned with knowing if these reports: (1) contributed to and enabled the counselor to work more effectively with mentally retarded girls; (2) provided useful information in depth relative to social, medical, vocational, psychological, and economic needs of the mentally retarded; (3) provided information relative to the influence of families and foster families in vocational rehabilitation of the mentally retarded; (4) identified problems relating to residential care of the mentally retarded at a rehabilitation center; (5) identified unmet needs of specific groups of mentally retarded girls; (6) proposed ways and means of meeting various needs; (7) identified problems relating to job placement; (8) evaluated



ACCURATE RECORDS were maintained on each girl, both as a ready source of information and to determine her rate of progress. Only three girls actually regressed while enrolled in the Project.

the client's readiness for appropriate DVR services; (9) made contributions which would lead to a more comprehensive plan of services for the mentally retarded and (10) promoted a better understanding and acceptance of the mentally retarded.

Forty-eight questionnaires were returned and 39 of these were complete enough for analysis of the results. These results are summarized in Table 16. As a result of this survey, changes and modifications in Project reporting occurred in an effort to improve upon previous experience. Qualitative observations through conferences and follow-up with field staff seemed to indicate these changes were somewhat effective. The staff attempted to give more information on each girl's social adaptability, her social acceptance, problems with interpersonal relationships, unusual behaviorisms, and prognosis for vocational success.

Table 16. Analysis of Counselor Responses Relative to Usefulness of Project Reports (N=39)

Report	**Most Helpful**		**Helpful**		**Not Helpful**		**Total**	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Comprehensive Evaluation Report	34	87.2	5	12.8	0	0.0	39	100
Comprehensive Psychollogical Report	27	69.2	12	30.8	0	0.0	39	100
Technical Counselor's Evaluation Report	22	56.4	17	43.6	0	0.0	39	100
Social Case History	19	48.7	19	48.7	1	2.6	39	100
Comprehensive Medical Evaluation Report	18	46.2	21	53.8	0	0.0	39	100

Eighty-five per cent of the counselors indicated, as shown in Table 17, that clients who were evaluated and received the services of the Project were easier to work with as compared with other mentally retarded clients in their caseload. Thirteen per cent reported Project clients about the same and two per cent reported them more difficult to work with in comparison with their other mentally retarded clients.

Table 17. Counselor's Opinion Regarding Effectiveness of Project Services

Counselor's Opinion	**Project 957 clients vs. other mentally retarded clients**	
	No.	**Per cent**
Easier to work with	33	84.6
About the same	5	12.8
More difficult to work with	1	2.6
Total	**39**	**100.00**

An analysis pertaining to counselor activities for the mentally retarded during fiscal year 1963-64 was undertaken. Because of personnel changes, counselors employed in institutional settings, etc., only 35 counselor questionnaires were analyzed, i.e., only those directly involved with placement activities. The respondents are described in Table 18 from information given on a personal data sheet. The typical counselor can be described as a male (100%), with a mean education of 17 years and 5 months, holding a master's degree or higher (83%), specializing in rehabilitation counseling (37%,) with an average of 38 years, and having been employed as a rehabilitation counselor for an average of 7 years.

A correlation analysis was performed to identify a possible relationship between counselor age (+.02), education (+.12), and length of time employed (+.02), as compared with the number of rehabilitated mentally retarded clients for fiscal year 1963-64. None of the correlations is significant at the .05 level of significance, although all three are in the positive direction. It should be noted that 86 per cent (124) of the total number of mentally retarded cases rehabilitated (145) for fiscal year 1963-64 have been included in this study.

The DVR field counselors were asked to give their reactions to the value of the Project. The tenor of these comments was generally complimentary, although the respondents were asked to evaluate the Project as objectively as possible. Thirty-nine of the Division's 50 counselors were represented; thus, 78 per cent of them have been actively involved with Project activities. One possible explanation for this high number of complimentary responses may have been the lack of needed vocational rehabilitation services for the mentally retarded in West Virginia.

Some typical comments received from DVR field counselors were as follows:

1. "Following Project services, the parents and families of many retarded persons came to this office and expressed amazement that the Project could have had such worthwhile and tangible results. This Project certainly has positively moved my thinking from an attitude of hesitancy to one of 'Let's continue to move ahead with this group.' I hope we will integrate a similar service into our general program development."

2. "I believe the Project is very worthwhile and hope some day a similar program may be established for males."

3. "In many respects, I feel the stay at the Center by the retarded clients provided much insight into the problems. The fact that in most cases the families were enlightened and given insight should not be overlooked. This assisted the counselor in working out a program with the client. The problem seems to be the severity of the retardation of the clients rather than services provided by the Project. Continued projects of this type should provide new methods and techniques."

4. "It appears to me that the reports are very complete. I am convinced that the time spent on this Project has taught us many things,

Table 18. Characteristics of Counselors of Mentally Retarded Cases Rehabilitated, 1963-64 *(N=35)

Counselor Characteristic	No.	%	Mean	Range
1. **Sex:**				
Male	35	100		
Female	0	0		
2. **Education Completed:**			17.5	16 - 19
16 years	6	17		
17 years	11	31		
18 years	12	35		
19 years	6	17		
	35	100		
3. **Degrees Held:**				
B.A. or B.S.	6	17		
M.A. or M.S.	29	83		
	35	100		
4. **Field of Specialization:**				
Rehabilitation Counseling	13	37		
Education	12	35		
Social Work	4	12		
Psychology	3	8		
Sociology	3	8		
	35	100		
5. **Age:**			37.9	26 - 65 & over
25 - 34 years	11	31		
35 - 44 years	17	49		
45 - 54 years	5	14		
55 - 64 years	1	3		
65 years & over	1	3		
	35	100		
6. **Number of Months Employed:**			82.9	6 - 237
Less than 12 months	5	14		
13 - 60 months	13	37		
61 - 120 months	9	25		
121 - 180 months	4	12		
More than 180 months	4	12		
	35	100		

Table 18. Characteristics of Counselors of Mentally Retarded Cases Rehabilitated, 1963-64. *(N=35)
Continued

Counselor Characteristic	No.	%	Mean	Range
7. **Total Number of Rehabilitated Mentally Retarded Cases:**			21.	0 - 200
Less than 10	17	48		
11 - 20	6	17		
21 - 30	4	12		
31 - 40	1	3		
41 - 50	5	14		
51 - 60	0	0		
61 - 70	0	0		
71 - 80	0	0		
81 - 90	0	0		
91 - 100	1	3		
More than 100	1	3		
	35	100		
8. **Number of Rehabilitated Mentally Retarded Cases, 1963 - 64*:**			3.54	0 - 21
None	6	17		
1 - 5	24	69		
6 - 10	3	8		
11 - 15	1	3		
16 - 20	0	0		
21 - 25	1	3		
	35	100		
9. **Number of Mentally Retarded Cases (Status 1 - 8):**			8.37	0 - 20
None	4	12		
1 - 5	7	20		
6 - 10	9	25		
11 - 15	11	31		
16 - 20	4	12		
	35	100		
10. **Number of Mentally Retarded Cases (Status 0):**			5.4	0 - 19
None	10	29		
1 - 5	10	29		
6 - 10	7	20		
11 - 15	6	17		
16 - 20	2	5		
	35	100		

*This study contained 124, or 86% of the total of 145 rehabilitated cases.

and that we will learn more as we study these case reports. One thing seems quite clear to me. It really requires at least 8-weeks' evaluation to do anything like a complete job in evaluating mentally retarded persons. As a matter of fact, the job-adjustment training would be of value for as much as one year. Just recently, I was discussing one of your very complete reports on one of our clients with the referring physician. She was impressed with the report and said she could see where the girl was helped a great deal, but she recommended that this be continued, including job adjustment and education in daily living, over a period of at least twelve months."

5. **"It seems to me that we are learning to place less importance on this strict I.Q. rating of these people, because we see the important thing is how they function. This cannot be determined by paper testing, as it takes time to find out many of these things. We also see where the best work can be done in working with small groups and a staff that does not have to spread its service too thin."**

6. "Would like to have more information in regard to client's ability to find employment for herself or whether client is entirely dependent on counselor for everything."

7. "If we continue to work with these mentally retarded cases, we are going to have to be prepared to spend more time in the work-up of the case and to get a more complete background of information before work evaluation. We are going to have to expect a high percentage of failures in rehabilitation of these cases, cost will be high, but I feel the reward in the end will be great. Some sort of adjustment or consideration is going to have to be given to counselors that handle a high percentage of these cases, because the work is great and the production is small. The counselor just cannot compete with the high quota required."

8. **"Generally speaking, I would say the client-counselor relationship has improved after Project services. In some individual cases, of course, there was not much change; but for the most part, we could see tangible beneficial results."**

9. "I would like to see more information on social adaptability of client, group participation, social acceptance, and behaviorisms that are unusual. Also, I would like more data on how much supervision is necessary and answers to the following questions: Does the staff feel that client can function successfully on the job? What does client do in spare time? How does client accept peer groups? How does client perform on a work assignment?"

10. "Project 957 girls are easier to work with, generally, than those who have not had the advantage of this program because of better adjustment to work and the meaning of work. Too much emphasis cannot be placed on this factor."

PERSONAL ADJUSTMENT and evaluation took place in a workshop setting which consisted of a model kitchen, a small dining room area, a laundry, and a classroom.

Chapter VIII. Employer Attitudes Toward the Mentally Retarded

One of the crucial factors in vocational rehabilitation of the mentally retarded is the attitude of other persons in relation to their employment. A study was conducted which sought to survey employers' attitudes toward the mentally retarded worker in West Virginia. A questionnaire was prepared in an attempt to obtain actual feelings of employers toward the employment of mentally retarded persons. The questionnaire was sent to 257 service employers in West Virginia, selected at random from a total population of 630 service employers. One hundred thirty-two service employer organizations in West Virginia responded.

To measure the attitudes of employers in West Virginia toward the mentally retarded, the University of Minnesota questionnaire (34) was revised and some of Wang's (43) adjectives were utilized. The items covered attitudes toward workers in general, as well as toward mentally retarded workers; factual statements, as well as opinion statements; items concerning selection and placement procedures of the organization; and, opportunities to project one's reasons for not hiring mentally retarded workers, "obvious" and "subtle" adaptations of the same idea. A key was devised for scoring the attitude questionnaire, so as to provide numerical values, which showed how favorable the respondent was toward employing the mentally retarded.

The major findings of the study were: (1) hospital and motel personnel managers were more favorable to hiring rehabilitated mentally retarded persons than hotel, laundry-dry cleaners, restaurant, and nursing home personnel managers; (2) there was a positive relationship between the educational level of the personnel managers and favorable attitude responses toward the mentally retarded; (3) there was a positive relationship between the length of time on the job and length of time with the organization and favorable attitude responses toward the mentally retarded; (4) there was a positive relationship between the size of the organization and favorable attitude responses toward the mentally retarded; and (5) the majority of all personnel managers indicated that the mentally retarded could do productive work and that most organizations should be able to hire some retarded persons. The above results were obtained by comparing the overall mean attitude score with the means of personnel groups by individual traits and characteristics. The t-ration was used in determining the statistical significance of the differences obtained.

Scoring Procedure

In an attempt to arrive at an empirical scoring method for the questionnaire, a scoring key was developed from the judgments of 20 experts. To those items for which there was agreement of 16 to 20 of the judges, a weight of three was assigned; to those items where there was agreement of 14 or 15 of the judges, a weight of two was assigned; and to those items where there was agreement of 12 or 13 of the judges, a weight of one was assigned. All items in which there was agreement from 11 or less, received no weight, and therefore were not scored for the stated purposes of this survey (Table 19). Twenty-six items received a weight of three, twenty-one items a weight of two, and twenty items a weight of one. This made a possible score of 140. As noted in Table 19, there were 67 items of the total 75 items in which there was concurrence by 12 or more of the 20 judges.

Table 19. Responses of Expert Judges to Attitude Questionnaire Items (N=20)

Consensus of Judges	Total Items	Item Identification "Agree Items"	 "Disagree Items"	Weights
20	0	0	0	↑ 3 ↓
19	1	16	0	
18	8	11	75, 4, 7, 8, 35, 44, 57	
17	7	1	18, 23, 33, 34, 39, 71	
16	10	12, 36, 41, 67	5, 6, 42, 46, 48, 62	
15	10	3, 40	31, 32, 38, 49, 52, 53, 55, 72	↑ 2 ↓
14	11	0	14, 22, 35, 30, 37, 47, 50, 74, 69, 56, 54	
13	11	13, 28, 45, 66	10, 15, 19, 27, 51, 63, 70	↑ 1 ↓
12	9	9, 26, 59, 60	2, 21, 61, 65, 73	
11 and less	8			↑ 0 ↓

Comparison of Group Responses

Analysis of mean scores on the attitude questionnaire tended to present a normal distribution with the overall mean being 76, the overall median 73, and the overall mode 68. A high mean score indicates a more favorable attitude toward the mentally retarded, while a low mean score represents a less favorable attitude. Generally, hospital personnel managers appear to be less prejudiced toward hiring the mentally retarded (mean score of 89) whereas nursing home personnel seemed to be the most reluctant, resulting in a total mean attitude score of 65 (Table 20). This is inrelationship to a possible maximum score of 140.

Table 20. Differences in Mean Attitude Scores Between Employer Groups

Groups	N	Mean	S.D.	Diff. Means	t Ratio	df
Hotels	23	74	24	1	.12	36
Laundries and Dry Cleaners	15	73	23			
Hotels	23	74	24	15	2.22**	53
Hospitals	32	89	24			
Hotels	23	74	24	9	1.08	37
Motels	16	83	26			
Hotels	23	74	24	9	1.16	40
Nursing Homes	19	65	24			
Hotels	23	74	24	6	.83	48
Restaurants	27	68	26			
Laundries and Dry Cleaners	15	73	23	16	2.13**	45
Hospitals	32	89	24			
Laundries and Dry Cleaners	15	73	23	10	1.22	29
Motels	16	83	26			
Laundries and Dry Cleaners	15	73	23	8	.97	32
Nursing Homes	19	65	24			
Laundries and Dry Cleaners	15	73	23	5	.65	40
Restaurants	27	68	26			
Hospitals	32	89	24	6	.74	46
Motels	16	83	26			
Hospitals	32	89	24	21	3.11*	57
Restaurants	27	68	26			
Motels	16	83	26	18	2.05**	33
Nursing Homes	19	65	24			
Motels	16	83	26	15	1.79	41
Restaurants	27	68	26			
Nursing Homes	19	65	24	3	.37	44
Restaurants	27	68	26			
Nursing Homes	19	65	24	24	3.35*	49
Hospitals	32	89	24			

*Significant beyond the .01 level of confidence.
**Significant beyond the .05 level of confidence.

Primarily, nursing home personnel felt that customers would object if mentally retarded persons were employed; that the physical appearance of such people would "bother" some; that the mentally retarded preferred easier assignments; that the mentally retarded exaggerated their problems, expected others to do things for them, and were overly sensitive to what others might say. Hospital personnel, on the other hand, responded in a much more favorable manner.

When various pairs of employer groups were analyzed for differences between group means, significant statistical differences were found to exist in five instances. Table 20 shows such differences significant beyond the .01 level, between nursing home personnel managers and hospital personal managers and also between hospital and restaurant personnel managers. The direction of those differences indicates that both restaurant and nursing home personnel managers are more reluctant to employ the mentally retarded than hospital personnel people.

Differences were found to be significant at the .05 level between replies from hospitals and hotels, hospitals, and laundry-dry cleaners, and motels and nursing homes. The differences here indicate a more favorable attitude on the part of hospitals and motels. These differences suggest a need for DVR personnel to concentrate their efforts toward the development of more favorable attitudes toward the employment of the mentally retarded with such prospective employer groups as the hotels, laundry-dry cleaners, nursing homes, and restaurants.

Personal Factors Related to Total Attitude Mean Score

An analysis was made by comparing the overall mean of 76 on the attitude questionnaire with the attitude score means of the personnel groups by individual traits and characteristics. These comparisons (Table 21) should be of interest, since DVR personnel have felt that selected factors might influence how prospective employers feel toward the mentally retarded.

For example, do younger persons respond to the attitude items differently from older persons? Do those with different educational backgrounds respond differently? Does the size of the organization and the type of organization for which a person works influence his responses?

This analysis was undertaken by comparing the total attitude mean score with individual means of the various groups of personnel officers classified by sex, age, education, degrees held, years in personnel work, years on present job, years with organization, size of organization, size of community in which the organization was located, and number of employees supervised. The t-ratio was used in the statistical testing of the differences obtained.

Significant differences at the .01 level were found in the areas of education, degrees held, and years with organization. Those "employers" with an eighth grade education or less, with a mean attitude score of 61, seemed to be more prejudiced against the mentally retarded than those with training at the college level (mean attitude score of 86).

The highest group mean was in the area of degrees held, where those with master's degrees received a mean of 103; this was 27 points higher than the overall mean, a difference which was significant at the .01 level. This indicates that educational background of an individual influenced his responses to the attitude questionnaire utilized in this survey. Those individuals who had worked with their respective organizations for less than 1 year had more favorable scores than those with longer experience.

Table 21. Attitude Score Means in Relation to Total Attitude Score Mean (76) for Groups According to Personal Data

Characteristic of Personnel Managers	N	Mean	S.D.	Diff. Means	t Ratio	df
1. Sex						
Male	88	79	26	+ 3	.77	218
Female	44	71	25	— 5	1.53	174
2. Age						
20-34 years	25	84	39	+ 8	1.05	155
35-44 years	36	81	26	+ 5	1.02	166
45-54 years	34	78	24	+ 2	.42	164
55-65 years	37	70	20	— 6	1.48	168
3. Education						
8th grade or less	13	61	20	—15	2.74*	143
High School	28	71	21	— 5	1.00	158
College	66	86	27	+10	2.43**	196
Trade School	4	79	16	+ 3	.39	134
Business School	21	62	21	—14	2.44**	151
4. Degrees Held						
B.A. or B.S.	28	82	22	+ 6	1.28	158
M.A. or M.S.	20	103	29	+27	4.20*	150
Ph.D. or Ed.D.	3	66	17	—10	1.02	133
M.D.	5	80	14	+ 4	.62	135
Other	19	72	18	— 4	.90	149
No degree reported	57	70	22	— 6	1.58	187
5. Years in personnel work						
Less than one year	10	98	27	+22	2.46**	140
1 to 5 years	16	81	24	+ 5	.78	146
6 to 10 years	27	72	26	— 4	.77	157
11 to 15 years	26	71	28	— 5	.90	156
15 or more years	53	70	19	— 6	1.62	183

Table 21. Attitude Score Means in Relation to Total Attitude Score Mean (76) for Groups According to Personal Data—(Continued)

Characteristic of Personnel Managers	N	Mean	S.D.	Diff. Means	t Ratio	df
6. Years on present job						
Less than one year	14	94	26	+18	2.47**	144
1 to 5 years	30	84	24	+ 8	1.57	160
6 to 10 years	31	72	22	— 4	.81	161
11 to 15 years	11	76	36	0	.91	141
15 or more years	46	68	21	— 8	1.91	176
7. Years with organization						
Less than one year	9	101	24	+25	3.10*	139
1 to 5 years	30	82	25	+ 6	1.22	160
6 to 10 years	29	74	26	— 2	.29	159
11 to 15 years	12	77	32	+ 1	.14	142
15 or more years	52	70	20	— 6	1.53	182
8. Size of organization in which employed						
Under 9	31	67	20	— 9	2.19**	161
10 to 19 employees	30	73	30	— 3	.56	160
20 to 49 employees	31	74	24	— 2	.38	161
50 or more employees	40	87	25	+11	2.37**	170
9. Size of community in which employed						
Under 4,000	34	73	20	— 3	.78	164
4,000 to 9,999	21	75	26	— 1	.21	151
10,000 to 49,999	40	79	28	+ 3	.65	170
50,000 to 100,000	37	76	22	0	.14	167
10. Number supervised						
Less than 5	21	70	17	— 6	1.33	151
6 to 10	28	71	25	— 5	.92	158
11 to 20	31	76	28	0	.04	157
21 to 50	27	72	25	— 4	.79	157
51 or more	25	89	26	+13	2.21**	155
11. Disabled personnel managers						
Yes	18	72	23	— 4	.62	148
No	114	77	26	+ 1	.24	244
12. Medical facilities of organization						
Some	70	81	30	+ 5	1.11	200
None	52	73	22	— 3	.72	182
No answers	10	74	20	— 2	.33	140

*Significant beyond the .01 level of confidence.
**Significant beyond the .05 level of confidence.

Significant differences at the .05 level were found for education, years in personnel work, years on present job, size of organization, and number of employees supervised (Table 21). "Employers" with business school training (mean of 62), appeared to be more prejudiced against the mentally retarded than "employers" trained at the college level (mean of 86). "Employers" with less than 1 year in personnel work had a group mean score of 98, which represented a highly favorable attitude.

It appeared that the longer the individual was employed in personnel work, the less likely he would be to employ the mentally retarded. The number of years on the present job also seemed to influence how this group of "employers" responded to the attitude items. For example, those with less than 1 year on the job had a group mean of 94. The longer the personnel manager had been on his present job the less likely he would be to hire workers with mental retardation.

Organizations which employed 50 or more employees (mean score of 87) seemed to be more favorable toward mentally retarded individuals, while those employing 9 or fewer employees (mean score of 67) responded least favorably to the attitude items. DVR counselors, therefore, would seem to find more opportunities for placement for the mentally retarded clients among employers having more than 50 persons within their organizations.

Nursing-home personnel managers generally felt that mentally retarded individuals expect to be given the easiest jobs to do, are naturally stubborn and lazy on the job; that the government should help provide jobs for the retarded; that turnover is higher than for non-handicapped; and that one has to be very careful what you say around a person who is mentally slow. Generally, all six employer groups felt that the physical appearance of mentally retarded persons bothers most people, that in business the retarded are unable to compete with average people, and that mentally retarded persons have a lot of emotional problems.

Nursing home and restaurant personnel seemed to be more reluctant to employ the mentally retarded, with laundries and hotels ranking third and fourth relative to attitudinal barriers toward employment of the mentally retarded individual. The least prejudiced of the six groups were hospital and motel personnel managers. An examination of the individual questionnaires also indicated that the younger, better educated personnel manager surveyed, came from the hospital group, which previously indicated a more favorable attitude score. More than 45 per cent of hotel, nursing home, and laundry personnel managers believed there were no jobs with their organizations that could be handled by a retarded person.

From 56 to 84 per cent of all six groups indicated they felt that most people exaggerate their misfortunes in order to gain the sympathy and help of others. Sixty-three per cent of nursing home personnel managers indicated they would like to hire some mentally handicapped persons but thought their customers would object to such employment practices. It seemed that a fair number of the personnel managers surveyed saw the

mentally retarded person as requiring special treatment in his inter-personal relationships on the job.

More than 65 per cent of hotel, motel, restaurant, hospital, and laundry personnel managers were against having the government provide all jobs for mentally retarded persons. Scarcely anyone subscribed to turning the problem over to the government or to welfare agencies. The majority (65%) of all personnel managers indicated they felt that the mentally retarded could do productive work; that most organizations should be able to hire some mentally retarded persons; and that many intellectual limitations were not necessarily job handicaps. In most instances, the personnel managers did not place the blame for unfavorable attitudes on other persons or customers.

SPECIAL DIETS were provided for all overweight girls enrolled in the project through the Center cafeteria. Trimming off excess pounds had a definite impact on the morale of such girls.

Chapter IX. Overview and Implications

This Project sought to study the effectiveness of an evaluation and prevocational conditioning course for young adult mentally retarded girls integrated within a multiple disability rehabilitation center. The first step was to establish a base of operation in order to evaluate the possible problems and determine the type of curriculum needed. As the Project procedures were followed, these problems became apparent. The importance of such a study can be seen when one considers the limited attempts so far made in this direction.

This Project has demonstrated the effectiveness of an organized program for the rehabilitation of mentally retarded females. Inasmuch as the mentally retarded can no longer be considered a homogeneous group, a more comprehensive meaningful social and vocational evaluation is a necessary part of the rehabilitation process. The number of clients successfully served and rehabilitated through this project indicates a more hopeful picture for many clients who were previously considered not *feasible* for rehabilitation services.

What Was Learned

There can be little doubt that the Project had a positive impact on the Division of Vocational Rehabilitation field service program. Seventy-eight per cent of the field counselors referred cases to the Project, and 67 per cent of West Virginia's counties were represented. This impact was also felt by cooperating agencies as evidenced by the number of clients referred, the amount of in-service training for staff members, improved communications, closer cooperation, and a more positive acceptance of the mentally retarded and their abilities.

Considerable emphasis was given to public relations activities during the course of the Project. A brochure was developed explaining the purposes, goals, services, and procedures of the Project and 10,000 copies were distributed to parents, cooperative agencies, physicians, and numerous other interested groups. This effort presented an opportunity to explain the program of services to the general public of West Virginia and resulted in more referrals and public awareness of the problem of mental retardation.

Throughout the duration of the Project the Advisory Committee was very active and effective. This Committee gave advice on Project operations, offered critical comments, helped to interpret Project purposes and goals, offered constructive suggestions and recommendations to Project Staff, and contributed much to the overall success of the program. The Advisory Committee conducted six meetings while the Project was in operation and active participation occurred throughout.

Rehabilitation counselors throughout West Virginia generally felt that the Project enabled them to work more effectively with mentally retarded females; provided useful information in depth relative to social, medical, vocational, psychological, and economic needs of the mentally retarded; pointed out the influence of families and foster families in the vocational rehabilitation of mentally retarded females; presented specific problems related to integrated residential care of mentally retarded females at a rehabilitation center; identified major unmet needs of specific groups of mentally retarded girls; presented ways and means of meeting various needs; prsented problems pertaining to job placement; evaluated the client's readiness for appropriate Division of Vocational Rehabilitation services; made a number of contributions which should lead to a more comprehensive plan of services for the mentally retarded; and contributed to better public understanding and acceptance of the mentally retarded. The majority of rehabilitation counselors indicated that clients exposed to the Project were easier to work with in comparison with other mentally retarded clients in their caseload.

Each of the six major areas of concern included within the Project plan was fulfilled with varying degrees of success as reflected in the various

AFTER COMPLETING Project 957, many of the girls returned to the Center at a later date to receive vocational training. Here, a former client learns to operate a PBX Switchboard.

chapters of the report. The procedures used were found to be relatively workable, and the results encouraging as revealed by the fact that 59 of 171 clients (34 per cent) were working in competitive or semi-competitive work by December 31, 1964. Another 35 clients were continued in the EPVC Course and had been served by the time the Project ended on June 30, 1965.

A usable and functional curriculum was developed (with two revisions) which is reasonably effective in evaluating and providing personal and social adjustment training to young adult educable mentally retarded females. With the same rationale, similar programs could be developed for educable mentally retarded young adult males. Vocational training was provided for 27 per cent, or 46 of the 171 clients, at the West Virginia Rehabilitation Center. Eighteen of the 171 (10 per cent) were in training or had been accepted for further advanced training at the Center at the time this was written.

Many special problems which came to light during the Project are of significance for the rehabilitation worker in the field. More attention needs to be given to recreational aspects in working with the mentally retarded in a residential rehabilitation center setting. More diversified activities, more activities with physical involvement, and recreational activities requiring a short attention span need to be considered. Professional workers should encourage the development and expansion of community recreational programs for the mentally retarded. Experience has indicated the educable mentally retarded can be successfully integrated with other clients if the program is well planned, organized, developed, and properly staffed with well trained personnel.

There is a definite need to recognize the importance of qualified staffing, development of special curricula, recreational activities, and health and social problems as more mentally retarded persons are served in the State-Federal vocational rehabilitation program.

If the mentally retarded are to be successfully trained and placed in employment, real work experiences must be emphasized beyond mere activities. To do this effectively requires more time than was originally allocated within the Evaluation and Prevocational Conditioning Course. Personal and social adjustment training, coupled with vocational training, may require as much as 18 months to 2 years with the program always remaining flexible. The findings of Project 957 would seem to have considerable applicability for special education programs in public school systems, occupational day centers, and other rehabilitation facilities.

The Project demonstrated the need for a more intensified effort directed toward an interdisciplinary approach to in-service staff training, both for DVR staff and cooperative agency staff, to effectively train personnel to work and deal with the problems of mental retardation.

It has generally been known that the average 16-year-old person is not ready to enter the competitive labor market and compete with older, mature, and better trained individuals. Thus, it would seem unrealistic to expect our mentally retarded individuals to do likewise in view of their intellectual deficits, socialization, and personal problems. The Project Staff felt the mentally retarded should have an opportunity for special education training in the secondary public school system until the age of 21 and, with a well developed curriculum, could better profit from such programs as the EPVC Course. Project experience has shown that mentally retarded girls aged 15 or 16 are not ready for vocational experiences as offered in a vocationally oriented rehabilitation center where the mean population age is 35, and that a more realistic chronological age would be 21 years or older. Since a number of clients had been exposed to special education training and others did not have this opportunity, the Staff was able to evaluate some of the differences between the two groups. In most instances, those clients who had received special education were better prepared in academic areas and social and personal adjustment, and, although some were performing well academically, they were limited from a functional viewpoint. In other words, there was very little transfer of training, e.g., the girl might add fractions at the fifth grade level, but could not make simple change, read a ruler, or measure with spoons, cups, etc.

During the Project the need for rehabilitation houses for mentally retarded females was revealed. With adequate supervision by dormitory counselors, the clients living there could work in the rehabilitation house, in community sheltered workshops, or in the local community. Thirty-eight per cent of the 171 females evaluated could benefit from such a comprehensive program. Some of these had to return to state mental hospitals, the state training school for the mentally retarded, or similar facilities as no rehabilitation houses for the mentally retarded exist in West Virginia at this time.

Thirty per cent of all females scheduled for the EPVC Course failed to report when given an admittance date or refused to remain at the Rehabilitation Center for more than one day and night. Pre-admission counseling by the field counselor and Project Staff consistently received high priority throughout the Project period, yet 30 per cent were unable to make the transition from an existing secure environment to a somewhat threatening, insecure, and new environment. Some of the primary problems appeared to be anxiety and fear on the part of parents, fearfulness regarding the amount of supervision which would be given by the Staff, fearfulness that the daughter would become pregnant, and overprotection and overindulgence on the part of parents.

Therefore, it must be recognized that more counseling time is required in working with the mentally retarded and that rehabilitation workers might have more failures than with other disability groups served. Certainly, the counselor should not have higher expectations for the mentally retarded than he would ordinarily have for other persons with complex problems. Several home visits and parental counseling sessions by a social worker, prior to Center admittance, would probably have lessened this problem.

What Is Needed

1. It was the opinion of the staff that the success of this research and demonstration project justifies the continued operation of the evaluation and prevocational conditioning course at the West Virginia Rehabilitation Center as part of the State-Federal vocational rehabilitation program. Proposals for continuation and consideration might take several directions, depending upon emphasis of various agencies. A few of these include: (a) The Project could be continued within its present framework with the primary purpose being evaluation, social adjustment, and work adjustment for mentally retarded girls. (b) The Evaluation and Prevocational Conditioning Course (EPVC) in Elementary Homemaking could be expanded from 8 weeks to an 8 to 18-month training program and include as a major area of emphasis training in personal and social adjustment. Length of adjustment training would vary according to individual needs and rate of progress. Within this proposal the ultimate goal would be competitive employment, even though some clients would undoubtedly be accepted for this training who might not prove feasible for competitive work. (c) The homemaking evaluation and training program could be broadened within the domestic arts classroom to include and strengthen the existing Housekeeping Course (4 months' duration) at the Rehabilitation Center. Thus, the clients would not only have exposure to their present experiences, but could also benefit from a more structured classroom curriculum, exposure to more appliances and equipment, remedial education activities, and a more structured personal and social adjustment training program. Group counseling might be designed for this program to promote understanding of good work habits and interpersonal relationships with others. Such topics as personal grooming, health education, management of money, and appropriate social conduct could be considered. Curricula should be developed for short periods of instruction and involve frequent repetition and immediate reward with all class members participating.

2. **The Project activities suggested the need for a similar program for young adult mentally retarded males. The base of operation could well be established within a practical or manual arts setting. If such a program were to be instituted within a rehabilitation center setting, certain staff members could serve, concurrently both male and female clients in such areas as remedial education, personal and social adjustment training, job preparatory classes, and some prevocational programs. This would present another opportunity for combined activities.**

3. The mentally retarded need a well structured and well planned recreational program with as much physical involvement as possible. Experience has indicated that sedentary recreational activities do not meet the needs of the retarded and fail to hold their attention or interest. The staff felt that the retarded should be integrated with other disability groups in recreational activities within a multiple disability center. It is believed that a staff with special training would add to and strengthen the overall recreational program. More attention should be given to gymnastic activities, posture training, and arts and crafts for recreational purposes. The

activities could have both recreational and therapeutic values. The young retarded adult who shares in a recreational program lightens the work load and emotional pressures of his parents, and the parents therefore may be able to care for the retarded person at home (with community programs) rather than turn to institutional placement. Through recreation, the retarded can experience success, enjoyment, and a sense of accomplishment. As a result, the retardate benefits, the parents benefit and—in the long run—society benefits. Physical training might be designed to improve muscle tone, posture, breathing, and general well-being. This type of physical recreational activity could be conducted in the recreation area and supplemented in good weather with group games at the appropriate mental-age level.

4. The domestic arts curriculum went through several revisions in an effort to meet more adequately the needs of young adult mentally retarded females. The final curriculum would appear to be applicable for use in other rehabilitation centers, occupational training centers, sheltered workshops, and special education programs for the educable mentally retarded within public school programs. Audio-visual aids were developed and used and found to be of major significance in working with the educable mentally retarded. (See Appendix B)

HOW TO PREPARE and serve food and how to select and purchase the right foods were all taught in the model kitchen. Many of the 1,000 or more visitors who came to see the project in action were served cookies, punch and other refreshments which the girls prepared under supervision.

5. Considerable attention needs to be given to personal and social adjustment training with groups of educable mentally retarded females. In planning programs similar to this study, special attention should be given to staffing patterns, recreational activities, program development, and supervision. Problems found to be most prevalent were behavorial and emotional problems; lack of critical judgement; boy-girl relationships; past economic, social, and cultural deprivation; inappropriate interpersonal relationships; problems with personal hygiene, grooming, and dress; and difficulties in adjusting to new environments.

Any attempt at total rehabilitation of the mentally retarded should consider motivation, work attitudes, work habits and personal and social adjustment factors. Quite often, these are major limiting factors in selection of vocational goals, job training and job adjustment.

6. Part-time and volunteer personnel can be utilized effectively in programs for the mentally retarded. Some areas where significant benefits may be derived include individual and group work on personal hygiene and personal grooming problems, individualized help with telling time and counting money, individualized help with basic academic school subjects, help with letter writing, and an opportunity for healthful client identifica-

BROWSING AROUND the Center library opened up a new world for many of the girls. This was one of a number of different activities available to them during their spare time in the evenings.

tion with strong personalities. The staff felt that more of this type of activity should take place. It represented a possible means of recruitment by stimulating and motivating young persons to enter this field. Civic groups, senior girl scouts, and high school and college students can provide wholesome experiences for the mentally retarded with constructive planning and supervision by the Project Staff.

7. A special curriculum for the mentally retarded should be established at the West Virginia Rehabilitation Center. This curriculum should provide for flexibility and much instructional time.

The mentally retarded are presently receiving training in the following areas at the Center: laundry work, housekeeping, kitchen helper, nurse's aide, sewing, orderly, janitorial work, maintenance helper, service station attendant, and horticulture. If the Center is to effectively train and prepare the mentally retarded client for placement, the present courses in these areas will require some revisions and adjustments. More flexibility, more instructional time, smaller classes, and intensified in-service training for instructional staff need to be given consideration. Other training areas which might be considered for adoption include practical arts, driver education, printing, lawnmower repair, woodwork, and furniture refinishing. Curriculum development should be realistic in terms of the background of the clients and the environment to which they will return. Course content should be as complete as possible, producing concrete results. The subject matter should be of practical value and learning should occur from direct experiences. Many short sessions coupled with immediate success should make the course content more effective.

8. **In-service staff training should be expanded for Center Staff, Division of Vocational Rehabilitation field staff, and allied agency staff, utilizing a multidisciplinary approach.**

The manner in which one perceives the problems of mental retardation has significant bearing upon his behavior, whether he is a physician, teacher, psychologist, social worker, researcher, or parent. To counteract the apathy and defeatism in the minds of those individuals who work and come into contact with the retardate, an interdisciplinary training approach would appear to have much merit. The proposal would bring together representatives of many agencies serving the retarded, including social workers, psychologists, special educators, physicians, nurses, rehabilitation counselors, work evaluation specialists, therapists, etc. The goal would be to provide an interdisciplinary educational experience in an effort to increase knowledge of mental retardation and to encourage greater communication and cooperation among community and institutional resources serving the mentally retarded. The West Virginia Rehabilitation Center would be a logical and suitable institution for such a training program.

Approximately 1100 persons have visited the Rehabilitation Center and Project 957 during the past 36 months. Many of these visits were for short tours, while others remained for as many as three days for in-service training. Included were such persons as counselors, social workers, super-

visors, nurses, physicians, college professors, counselor interns, teachers, coordinators of training programs, high school and college students, mental health workers, clubs and organizations, councils, associations and committees. Such active participation illustrates the interest in and need for an intensified training program.

9. Consideration should be given to the establishment of a "homemaker agency," including qualified staff, a roster of trained candidates for job placement and a list of possible boarding care facilities for those females needing this service. The retarded young girl would have someone she could always rely on in times of need and support. These supportive services and help might be needed in some instances throughout life. This "homemaker agency" might be established on a county, regional, or statewide basis, depending on need, problems of administration and coordination of services. Clients could be trained at the West Virginia Rehabilitation Center, in community sheltered workshops, and in secondary school programs for the mentally retarded. Referral for social services, parental counseling, placement and other appropriate services could follow at the completion of this training program. If a particular placement were not successful, the client could return to the "homemaker agency" for help in resolving this or other related problems. There appears to be a need for girls to work in hotels, motels, nursing homes, hospitals, and private homes performing domestic work, caring for the elderly, and providing child-care. This type of "homemaker agency" could serve as the first step in establishing a "fixed point of referral" for mentally retarded females.

10. **There is urgent need for the establishment of rehabilitation houses and/or hostels. Project experience revealed that many of the girls served did not require institutionalization, provided such residential boarding care facilities were available.**

Community sheltered workshops adjacent to rehabilitation houses for the mentally retarded would do much to help the retardate live and contribute to a fuller and richer life. Dormitory counselors could provide adequate supervision and guidance during after-work hours. This arrangement would do much to lessen the need for institutionalization of many moderately or trainable mentally retarded and would provide for a normal community living and working environment for the retarded. This would require close cooperation and coordination with all existing community resources and personnel. Rehabilitation house experiences with the mentally ill in Vermont and in West Virginia, among others, suggest that similar services for the mentally retarded can be effective and are a necessary part of new and dynamic concepts of treatment, care, and rehabilitation. A few such houses for the mentally retarded are already in operation in the United States—one sponsored by the Illinois Department of Mental Health in Chicago and another by the Edward R. Johnstone Training and Research Center in Bordentown, New Jersey, are examples.

11. Establishment of more small community-based sheltered workshops throughout West Virginia is necessary. Within the past 4 years, 5 community-based sheltered workshops for the mentally retarded have been

established in West Virginia, serving both trainable and educable mentally retarded. As further experience is gained at the new State Sheltered Workshop at Institute, hopefully an expansion of many smaller community workshops throughout West Virginia will occur. With the advent of automation and cybernation, it may be necessary to provide sheltered work opportunities for the educable mentally retarded similar to those now provided for the trainable mentally retarded. This may be especially true in educationally and economically depressed areas such as West Virginia.

12. **Remedial education in conjunction with personal and social adjustment training and/or vocational training should be given high priority. Instruction in basic communication skills and simple arithmetic should be provided on a level commensurate with individual needs. Experiences during the past 36 months within the Project has shown that training must be concrete to be meaningful and should be reinforced.**

13. Experience within the Project demonstrated that educable mentally retarded females can be successfully integrated with other clients in a multiple-disability rehabilitation center. Thus, a multiple-disability rehabilitation center with a comprehensive approach to mental retardation is a logical setting for evaluation, pre-vocational conditioning, work adjustment, and training for the mentally retarded. It is recommended that other re-

SIMPLE ARTS AND CRAFTS not only made the course interesting to the girls but also served as additional form of therapy and evaluation.

habilitation centers, occupational day centers, and public and parochial schools consider the provision of similar services for mentally retarded females. Serious consideration should be given to the establishment of such programs in the secondary school system of West Virginia.

14. There is a definite need for establishment of closer working relationships with Special Education. The development of cooperative programs between DVR and Special Education, such as the programs sponsored by DVR and the local Board's of Education in Bluefield, Wheeling, and Huntington, represent an important step in this direction. The vocational rehabilitation process for the educable retarded person should begin with his first school experience and not when he reaches the chronological age of 16. Society does not expect the intellectually endowed to locate and maintain competitive employment at 16-21 years of age. For educable retarded youth of the same chronological age, 16-21, but with mental ages of 7-15, the rehabilitation process must allow longer periods for personal and social adjustment, prevocational exploration, work-adjustment, work tolerance and vocational training.

ALTHOUGH THE GIRLS had a television set and a wide assortment of games at their disposal in the dormitory, they were also encouraged to participate in the Center recreation program. Together with other disabled clients, they derived great pleasure from attending dances, movies, intramural sporting activities, talent shows, devotional services, and numerous other functions—all on the Center grounds. They also enjoyed frequent shopping tours to nearby Charleston and visits to the State Capitol.

15. Education and parental counseling are imperative where the mentally retarded are concerned. Lack of interest and cooperation on the part of the family, foster family, or persons serving in lieu of parents may negate what the rehabilitation team is able to accomplish.

TIME TO RETURN HOME—Many of the girls became quite attached to the project staff. Some had never received such kindness and individual attention in their young lives. When it was time to leave the Center, many broke down and wept—not because of what they were going home to, but because of the friends they were leaving behind.

APPENDICES

APPENDICES

Appendix

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Appendix A
Detailed Statistical Data Tables—Total Sample
Client Factors Total Sample
(N=171 Clients)

Table 1. Number of Siblings and Number of Siblings with Mental Retardation

Siblings	Number	Per Cent	Number of Siblings with Mental Retardation	Per Cent
0	8	5	120	71
1	33	19	30	16
2	22	13	19	11
3	36	21	1	1
4	22	13	0	0
5	14	8	0	0
6	10	6	0	0
7	4	2	1	1
8	9	5	0	0
9	5	3	0	0
10	2	1	0	0
11	1	1	0	0
12	4	2	0	0
26	1	1	0	0
Total	**171**	**100**	**171**	**100**

Table 2. Sibling Rank

Rank	Number	Per Cent
1	49	29
2	54	32
3	35	20
4	13	7
5	7	4
6	4	2
7	4	2
8	3	2
9	1	1
25	1	1
Total	**171**	**100**

Table 3. BOASI-DAC Status

Item	Number	Per Cent
Applicant Allowed	17	10
Applicant Denied	4	2
Not an Applicant	146	86
Application in Process	4	2
Total	**171**	**100**

Table 4. Client Attitudes

Judgement	Number	Per Cent
Positive	119	71
Indifferent	21	12
Negative	31	17
Total	**171**	**100**

Table 5. Evaluation of Social and Vocational Adjustment

	Social Adjustment		Vocational Adjustment	
Judgement	Number	Per Cent	Number	Per Cent
Good	41	24	38	22
Average	40	24	39	23
Fair	52	30	50	29
Poor	38	22	44	26
Total	**171**	**100**	**171**	**100**

Table 6. Level of Aspiration

Rating	Number	Per Cent
Realistic	122	72
Unrealistic	49	28
Total	**171**	**100**

Table 7. Emotional Problems of Project Clients

Category	Number	Per Cent
yes	76	44
no	95	56
Total	**171**	**100**

Table 8. Work History Prior to Project Acceptance

Work History	Number	Per Cent
None	161	93
3-6 months	7	4
7-12 months	1	1
Workshop	1	1
Unpaid Family Worker	1	1
Total	**171**	**100**

Psychometric Data Total Sample
(N–171 Clients)

Table 9. Distribution of Wechsler I.Q.'s

I.Q.	Verbal	Performance	Full Scale
85-89	0	8	1
80-84	6	7	3
75-79	22	9	10
70-74	35	10	16
65-69	26	20	11
60-64	29	11	18
55-59	15	14	14
50-54	16	6	11
45-49	6	6	8
40-44	1	5	4
35-39	1	1	1
Total	**157**	**97**	**97**
Mean	**65.14**	**Mean 65.42**	**Mean 61.49**
S.D.	**8.49**	**S.D. 11.53**	**S.D. 10.91**

Table 10. Distribution of Scores by Grade Level in Reading, Spelling, and Arithmetic on Wide Range Achievement Test Total Group (N=149)

Score	Reading	Spelling	Arithmetic
10.1-11.0	0	0	0
9.1-10.0	0	1	0
8.1- 9.0	1	1	0
7.1- 8.0	2	0	0
6.1- 7.0	5	11	4
5.1- 6.0	14	22	10
4.1- 5.0	35	11	28
3.1- 4.0	40	31	37
2.1- 3.0	25	46	37
1.1- 2.0	19	18	25
0.1- 1.0	7	7	8
Total	148	148	149
Mean	3.63	3.53	3.16
S.D.	1.6	1.5	1.4

Table 11. Distribution of Goodenough I.Q.'s (N=147)

I.Q.	Number	Per Cent
80-84	3	2
75-79	4	3
70-74	10	7
65-69	23	16
60-64	21	14
55-59	21	14
50-54	32	22
45-49	12	8
40-44	16	11
35-39	3	2
30-34	2	1
Total	147	100

Mean 56.87 **Mean Mental Age** 8.6

S.D. 10.63 **Mean Mental Age in Months** 103.22

Table 12. Distribution of Stanford-Binet I.Q.'s (N=41)

I.Q.	Number		Per Cent
80-84	2		5
75-79	4		10
70-74	5		12
65-69	8		20
60-64	2		5
55-59	7		17
50-54	8		19
45-49	4		10
40-44	1		2
Total	**41**		**100**
Mean	**61.60**	**Mean Mental Age**	**8.28**
S.D.	**10.68**	**Mean Mental Age in Months**	**99.36**

Table 13. Distribution of Vineland Social Maturity Quotients (N=149)

Social Quotient	Number		Per Cent
85-89	1		1
80-84	2		1
75-79	6		4
70-74	11		7
65-69	17		12
60-64	20		13
55-59	30		20
50-54	22		15
45-49	21		14
40-44	12		8
35-39	3		2
30-34	4		3
Total	**149**		**100**
Mean S.Q.	**56.55**	**Mean Social Age**	**10.83**
S.D.	**11.09**	**Mean Social Age in Months**	**130.06**

Table 14. Distribution of Bender Gestalt Scores (N=155)

	Score	Number
Normal Areas	0	15
	1	1
	2	7
	3	5
	4	4
	5	4 (23%)[a]
Borderline Area	6	7
	7	6
	8	11
	9	8
	10	10
	11	7
	12	12 (40%)
Critical Area	13	7
	14	15
	15	5
	16	6
	17	6
	18	5
	19	2
	20	4
	21	4
	22	1
	23	1
	24	1
	25	0
	26	1 (37%)
	Total	**155**
	Mean	**10.27**
	S.D.	**5.29**

[a] Number in parenthesis is the percentage of the distribution falling within the area marked off by the solid horizontal lines.

Socio-Economic Factors Total Sample (Family Data)

Table 15. Father's and Mother's Age at Project Acceptance

Age	Father Number	Father Per Cent	Mother Number	Mother Per Cent
35-44 years	23	13	59	35
45-54 years	72	42	71	42
55-64 years	33	19	19	11
65 years and over	3	2	4	2
unknown	40	24	18	10
Total	**171**	**100**	**171**	**100**

Table 16. Father's and Mother's Education

Education	Father Number	Father Per Cent	Mother Number	Mother Per Cent
1- 3 years	24	14	17	10
4- 6 years	33	19	45	26
7- 8 years	32	19	35	21
9-11 years	12	7	22	13
12 years	19	11	24	14
13-15 years	5	3	6	3
16 years and over	5	3	4	2
unknown	41	24	18	11
Total	**171**	**100**	**171**	**100**

Table 17. Family Income Level

Category	Number	Per Cent
over $7,000	20	11
$4,000-$6,999	27	16
$2,000-$3,999	26	15
under $1,999	98	58
Total	**171**	**100**

Table 18. Father's and Mother's Occupation

Category	Father		Mother	
	Number	Per Cent	Number	Per Cent
Professional and Managerial	6	3	6	3
Clerical and Sales	7	4	8	5
Service Occupations	8	5	11	6
Skilled Occupations	14	8	1	1
Semi-skilled Occupations	30	17	0	0
Unskilled Occupations	53	31	3	2
Agriculture, Fishery, Forestry, & Kindred	10	6	1	1
Unknown	43	26	45	26
Homemakers	0	0	96	56
Total	**171**	**100**	**171**	**100**

Table 19. Residence

Size of Community	Number	Per Cent
50,000 - 99,999	26	15
25,000 - 49,999	20	11
10,000 - 24,999	14	8
2,500 - 9,999	28	17
2,000 - 2,499	10	6
1,500 - 1,999	13	8
1,000 - 1,499	13	8
Under 1,000	24	14
Rural	23	13
Total	**171**	**100**

Table 20. Living Arrangements of Clients

Arrangements	Number	Per Cent
Family (Father - Mother)	108	64
Relatives	13	7
Foster Parents	32	18
West Virginia Training School	1	1
Mental Hospital	10	6
Children's Home or Child Shelter	7	4
Total	**171**	**100**

Table 21. Retarded Affiliations of Parents

Affiliation	Number	Per Cent
National Association for Retarded Children	14	8
American Association on Mental Deficiency	3	2
Local and State Associations	19	10
None	135	80
Total	**171**	**100**

Table 22. Parental Attitudes

Rating	Number	Per Cent
Positive	105	62
Indifferent	4	2
Negative	62	36
Total	**171**	**100**

Table 23. Present Employment Status (Head of Household)

Category	Number	Per Cent
Employed	84	49
Unemployed	86	50
Self-employed	1	1
Total	**171**	**100**

Table 24. Source of Family Support

Category	Number	Per Cent
Current Earnings	72	42
Family and Friends	7	4
Public Assistance (Federal Funds)	57	34
Public Institution (Tax Supported)	3	2
OASI Disability Benefit	18	10
Other benefits, except private insurance	13	7
Private Insurance	1	1
Total	**171**	**100**

Disposition of Cases

Table 25. Disposition of Cases Total Sample (N=171)

Disposition	Number	Per Cent
Completed EPVC Course	126	75
Did not Complete EPVC Course	45	25
Total	**171**	**100**

Table 26. Terminated by Project Staff, Client, or Family

Reasons	Project Staff Number	Per Cent
Psychosis Main Problem	7	0
Inadequate Adjustment	1	0
Client Attitudes	6	0
Return to State Hospital	3	0
Return to West Virginia Training School	1	0
Obtained Employment	0	7
Parental Withdrawal	0	6
Parental Attitudes	0	14
Total	**18**	**27**

Table 27. Specific Training Areas Recommended

Area	Number
Sewing	35
Kitchen Helper	110
Housekeeping	126
Laundry	78
Nurses Aide	34
PBX Operator	1

Table 28. Project Staff Recommendations

Recommendations	Number
Training	121
Sheltered Placement	4
Sheltered Workshop	71
Homebound	16
No Placement Recommended	10
Foster Home Care	51
Rehabilitation House or Hostel	65
Return to Special Education (Public School)	30
Mental Hospital	23

Table 29. Status of Project Clients (12/31/64)

Status	Number	Per Cent
1—Plan Development	27	15
2—Plan Completed	33	20
3—Training and Physical Restoration	0	0
4—Physical Restoration	2	1
5—Training	25	14
6—Ready for Employment	8	5
7—In Employment	1	1
8—Status Interrupted	3	2
12—Closed Rehabilitated	59	34
13—Closed After Rehabilitation Plan Initiated	1	1
15—Closed other Reasons before Rehabilitation Plan Initiated	12	7
Total	**171**	**100**

Table 30. Status of Project Cases Receiving Training Services at the West Virginia Rehabilitation Center (N=64), June 30, 1965

Presently in Training	No.	Accepted for Training	No.	Completed Training	No.
Sewing	4	Sewing	1	Sewing	10
Nurses Aide	4	Nurses Aide	2	Nurses Aide	9
Laundry	1	Laundry	1	Laundry	4
Housekeeping	1	Housekeeping	1	Housekeeping	13
Kitchen Helper	2	Kitchen Helper	1	Kitchen Helper	8
				Cooking & Baking	2
Total	**12**	**Total**	**6**	**Total**	**46**

Costs

Table 31. Project and Center Cost by Group*

Group	Number	West Virginia Rehabilitation Center	Project 957
1	10	$ 1,643	$ 3,270
2	11	1,603	3,597
3	13	1,621	4,251
4	15	2,068	4,905
5	15	2,298	4,905
6	14	2,302	4,578
7	11	2,503	3,597
8	20	2,354	6,540
9	16	1,601	5,233
10	16	2,895	5,232
11	17	1,689	5,559
12	13	2,511	4,252
Total	**171**	**$25,088**	**$55,919**
		Average $ 147	**Average $ 327**

*Case service cost prior to and after Project and Center termination is included but not identifiable from this data.

Center Cost	$25,088
Project Cost	55,919
Case Service Cost	6,536
Total	$87,543
Average	$ 512

Table 32. Cost By Type of Service

Group	Diagnosis and Evaluation		Surgery and Treatment		Prosthetic Devices		Hospi-talization		Training*		Maintenance	
	Cost	Number	Cost	Number	Cost	Number	Cost	Number	Cost	Number	Cost	Number
1	$191	10	$ 0	0	$ 44	2	$ 3	1	$ 0	0	$ 76	3
2	177	11	104	2	29	2	0	0	36	2	87	6
3	134	13	67	1	8	1	419	1	0	0	44	4
4	213	15	7	2	0	0	0	0	96	3	13	1
5	251	15	56	4	44	2	59	1	22	1	53	7
6	317	14	51	2	0	0	0	0	19	1	55	4
7	272	11	81	3	10	1	253	2	19	1	23	3
8	442	19	185	3	20	1	0	0	364	4	100	6
9	552	16	80	3	180	2	109	2	0	0	47	4
10	485	16	21	3	2	1	3	1	0	0	21	3
11	394	17	12	2	0	0	0	0	0	0	0	0
12	186	13	0	0	0	0	0	0	0	0	0	0
Total	**$3,614**	**170**	**$664**	**25**	**$377**	**12**	**$846**	**8**	**$556**	**12**	**$519**	**41**

*Does not include Project clients trained at West Virginia Rehabilitation Center (This Cost is included in Center costs).

Total Cost: $87,543 (Excluding Administrative and Counseling Services)

Average: $ 512

Characteristics of Rehabilitated Project 957 Cases, (N=59) June 1, 1962–December 31, 1964

Table 33. Months on Agency Rolls

	Acceptance to Closure		To Prepare for Employment		From Employment to Closure	
Months	**Number**	**Per Cent**	**Number**	**Per Cent**	**Number**	**Per Cent**
0- 4 months	0	0	25	42	50	85
5- 9 months	10	17	11	19	6	10
10-14 months	17	29	9	15	3	5
15-19 months	13	22	6	10	0	0
20-24 months	8	14	3	5	0	0
25-29 months	2	3	0	0	0	0
30-34 months	2	3	2	3	0	0
35-39 months	2	3	1	2	0	0
40-44 months	3	5	1	2	0	0
50-54 months	1	2	1	2	0	0
80-84 months	1	2	0	0	0	0
Total	**59**	**100**	**59**	**100**	**59**	**100**

Table 34. Work Status

	At Acceptance		At Closure	
Type	**Number**	**Per Cent**	**Number**	**Per Cent**
Wage or Salaried Worker Competitive Labor Market	0	0	23	39
Sheltered Workshop	0	0	0	0
Self-employed	0	0	1	2
Homemaker (Own Home)	0	0	6	10
Unpaid Family Worker	8	14	29	49
Not Working (Student)	10	17	0	0
Other	41	69	0	0
Total	**59**	**100**	**59**	**100**

Table 35. Cause of Disability

Reason	Number	Per Cent
Infantile Paralysis	1	2
Other Cerebral Paralysis	1	2
Nervous System Disorders	11	19
Congenital	19	32
Diseases and Injuries	20	33
Unknown	7	12
Total	**59**	**100**

Table 36. Occupation at Closure

Type	Number	Per Cent
Service Occupations	23	39
Skilled Occupations	1	2
Homemakers and Unpaid Family Workers	35	59
Total	**59**	**100**

Table 37. Earnings in Week before Closure

Amount	Number	Per Cent
0 - $ 9	36	61
$10 - $19	7	12
$20 - $29	9	15
$30 - $39	5	9
$40 - $49	2	3
Total	**59**	**100**

Table 38. Placement

Placement Agent	Number	Per Cent
Returned to or Retained Same Job	16	27
Located Own Job	26	44
Vocational Rehabilitation Agency	7	12
State Employment Service	1	2
Other	9	15
Total	**59**	**100**

Table 39. Training Agency

Agency	Number	Per Cent
No training other than Project Services	14	24
Sheltered Workshops	5	9
West Virginia Rehabilitation Center	40	67
Total	**59**	**100**

Appendix B

A Program of State-Wide Vocational Rehabilitation Services for Mentally Retarded Females

Curriculum Guide for the Evaluation and Prevocational Conditioning Course

Project 957
West Virginia Rehabilitation Center
Institute, West Virginia

William G. Winchell, Administrator
West Virginia Rehabilitation Center
William R. Phelps, Project Director

for the

West Virginia Division of Vocational Rehabilitation
Charleston, West Virginia
F. Ray Power, Director

Supported in part by a Research and Demonstration Grant
From the Vocational Rehabilitation Administration
Department of Health, Education, and Welfare
Washington, D. C. 20201

Curriculum Guide (EPVC Course) Title: Evaluation and Prevocational Conditioning Course (Project 957)

I. PURPOSE

This is an evaluation-adjustment course; an eight-weeks' residential course at the West Virginia Rehabilitation Center, Institute, West Virginia. This course is built around activities related to domestic and homemaking employment. The main classroom facility is a domestic arts (homemaking) workshop with a model kitchen, dining area, laundry area, and classroom facilities. Other facilities of the Center are utilized such as bedroom areas, recreational areas, medical services, et cetera. The Project Director, Technical Counselor, Social Worker, Housemother, and Secretary function within the Unit. The course includes instruction in activities of daily living, domestic arts, and actual productive work activities (Maintenance of own living quarters and personal effects, maintenance of other areas such as Center library, laundry activities, including ironing, et cetera.)

Our purpose has been to study the effectiveness of a program of domestic arts evaluation-adjustment training in preparing mentally retarded girls for a goal directed toward employment. During the course studies have been made of their personal, social, and emotional adjustment and its relationship to future goals of activities of daily living, homemaking, vocational training, job placement, et cetera. An effort has been made to develop within the community a better understanding and acceptance of the mentally retarded. The development of a usable and functional curriculum is being proposed herein for possible adoption and use by other rehabilitation centers, occupational day centers, and special education programs. Provision has been made for immediate success in each phase of the EPVC Course, and short sessions coupled with immediate success has always been one of our primary goals. Group activities have been well structured within home-like situations, instead of regular classrooms, and have added to the functional aspect of the program.

The Project Staff has been aware of the importance of proper time allotment for *each* phase of the program. Each section, generally, has received equal participation for a better organized program. No one phase of the program has been slighted for accentuation of another phase.

The enrollment of each class has been from 10 to 13 female clients, ages 15-33 approximately, single, with an approximate I.Q. level of 50-75 (Educable group). This criteria has always remained flexible with some progress made toward homogenous groupings.

II. OBJECTIVES

A. Long-Range Objectives Applicable to the Total Projects

The overall objectives have been: (1) to serve as a medium for evaluation and prevocational conditioning, (2) to offer some vocational training, (3) gaining experience in the area of education or rehabilitation for daily living, (4) to serve as a nucleus of a total program of vocational rehabilitation services including casefinding, evaluation, preparation for employment, job placement, and public relations, (5) the development of a well defined course of study and daily schedules, (6) to make extensive use of audio-visual aids in teaching, (7) to determine the effectiveness of various motivation devices, including monetary remuneration for piecework production, friendly competition, and awards for achievement, (Each client has received a certificate upon completion of the program.), (8) to engage the clients in realistic work activities, (a conscious effort was made to structure work situations so that there was actual pressure for production.), (9) to serve as a laboratory for research and demonstration and as a training ground for staff development.

B. Objectives Pertinent and Important for Individual Clients

Studies have indicated that personal adjustment is more important than skills in holding a job. With this in mind then, some of our specific objectives were as follows:

(1) Being at work on time
(2) Coming to class every work day
(3) Completing assigned tasks
(4) Wearing appropriate clothing
(5) Learning to ride public transportation
(6) Display of proper respect for peers and supervisors
(7) Budgeting money
(8) Proper personality and disposition
(9) Following directions
(10) Doing quality work
(11) Increasing speed
(12) Learning to tell time, read rulers, scales, counting, et cetera
(13) General housekeeping
(14) Socialization skills and techniques
(15) Kitchen activities, including meal preparation
(16) Simple sewing activities
(17) General laundry activities
(18) Personal grooming
(19) Rehabilitation for activities of daily living

C. Objectives Related to Staff Goals

The course has helped the Unit staff to get to know each client thoroughly as an individual; to study her rehabilitation needs; to evaluate her rehabilitation assets and limitations; to provide personal, social and work adjustment training; evaluate the client's readiness for employment; identify personality characteristics favorable to job preparation and placement, as well as those traits which present problems to job preparation and placement.

The EPVC Course has enabled the staff to identify and evaluate interests, aptitudes and skills; to teach constructive work attitudes and habits; to teach good manners, good habits of personal hygiene, grooming, and dress; to teach selected skills in homemaking and domestic service; to teach effective social techniques, and foster wholesome social relationships and opportunity for achievement.

III. RECORDS AND REPORTS

Daily attendance records, evaluation reports, anecdotal records, rating scales, progress reports for each client and permanent record cards have become a part of the case file.

IV. COURSE CONTENT

The selection of the course content lends itself to the achievement of the overall objectives of the course. Generally, it has been realistic in terms of the background of the clients and the environment to which they will return. Efforts have been made to make the activities attractive and hold the interest of the clients. Allowances were made for client involvement physically, mentally, and socially. Course content has been fairly comprehensive and complete in scope, rather than fragmentary coverage, and has produced some concrete results. Endeavors were made for the subject matter and workshop activities to be of practical value. The following course content outline is not arranged in order of importance or emphasis to be placed on any one phase, *per se,* since each phase was well integrated with all other phases into a well rounded and comprehensive course. Evaluation, teaching processes, and techniques were so directed that learning occurred from direct experiences, rather than from vicarious experiences. The flexible course content outline follows:

A. General Housekeeping

1. Cleaning agents
    - a. Detergents
    - b. Soaps
    - c. Disinfectants
    - d. Wax

2. Vacuum cleaner
3. Bedmaking
4. Arrangement of room furniture
5. Linen handling
   a. Care
   b. Storage
   c. Use
6. Care of cleaning equipment
7. Sweeping
8. Dusting
9. Polishing, waxing, and buffing furniture, floors, pans, et cetera
10. Mopping (floors, halls, et cetera)
11. Cleaning
    a. General Areas
       1. Kitchen
       2. Bath
       3. Classroom
       4. Storage room
       5. Offices
       6. Dormitories
    b. Specific Areas
       1. Equipment and tools
       2. Shelves
       3. Floors
       4. Windows
       5. Furniture
       6. Appliances—stove, refrigerator, et cetera
       7. Venetian blinds
       8. Draperies, rugs, miscellaneous
12. Sanitizing
13. Dishes and silver (water and soap, polish)
14. Interior decoration—selection of paints, pictures, curtains, drapes, et cetera
15. Practicing fire prevention, first aid, and home safety
16. General clean-up and putting items away.

B. Kitchen Area

1. Marketing and selection of foods
   a. Meat
      1. Cuts
      2. Economy
      3. How to buy

- b. Fresh produce
  - 1. How to buy
  - 2. Planning food for meals (suitability and purpose)
  - 3. Color
  - 4. Nutrition
- c. Canned foods
  - 1. How to read labels
  - 2. Size and type
  - 3. Cost
  - 4. Storing canned food
- d. Frozen foods
- e. Layout of grocery store

2. Preparation of foods
   - a. Recipes
   - b. Instructions
     - 1. Cleaning
     - 2. Chopping
     - 3. Peeling
   - c. Meats, vegetables, salads, desserts, beverages, et cetera
   - d. Individual servings
   - e. Preservation of food
     - 1. Freezing
     - 2. Canning
     - 3. General daily preservation
3. Cooking
   - a. Prepare and serve lunch (divide into groups)
   - b. Preparing tables and hostesses, cleanup
   - c. Party food and tea—planning, preparation and serving
   - d. Prepare and serve
     - 1. Foods
     - 2. Vegetables and fruits
     - 3. Main dishes
     - 4. Salads
     - 5. Desserts
     - 6. Refreshments
   - e. Simple measuring
     - 1. Cup
     - 2. Tablespoon
     - 3. Teaspoon, ¼, ½, ¾
   - f. Aptitude
     - 1. Breadmaking
     - 2. Cake making
     - 3. Pastry making
4. Set Table
   - a. Arrangement of china and silver
   - b. Centerpiece for buffet service

5. Read menu
6. Table Etiquette
   a. Good habits of eating
   b. Table conversation
7. Clean-up
   a. Scraping and stacking dishes
   b. Washing, rinsing, drying
      1. Dishes
      2. Silverware
      3. Kitchen utensils
      4. Towels and rinsing towels
      5. Tables
      6. Chairs
      7. Counters
      8. Walls
      9. Floors
      10. Windows
      11. Equipment
      12. Appliances
   c. Caring for major appliances
      1. Electric range
      2. Refrigerator
      3. Garbage disposal
      4. Sink
   d. Storage
      1. Dishes and silverware
      2. Utensils
      3. Left-overs

C. Sewing

1. Sewing machine orientation, including use of yardstick, ruler, and tape measure
   a. Basic machine function
   b. Removal of dust and lint
   c. Lubrication of motor
2. Speed control and posture
3. Threading
   a. Selection of proper needle
   b. Upper threading
   c. Bobbin threading
4. Seams and finishes (machine)
   a. Plain seam
   b. Pinked seam
   c. Pinked and stitched seam
   d. Flat-felled seam
   e. Slotted seam

    - f. Bound seam
    - g. Crossed seam
    - h. Accuracy—straight seam, round seam
5. Construction stitches (hand)
    - a. Running stitch
    - b. Even basting
    - c. Diagonal or slanted basting
    - d. Uneven basting
    - e. Back stitch
    - f. Tailor tacks
    - g. Hemming stitch
6. Special advanced or problem activities, including elementary embroidery, smock pillows, and knitting for some (Each of these carry over to leisure time activities)
    - a. Buttonhole attachment
    - b. Alterations—simple and complex
    - c. Making a simple garment
        1. Apron
        2. Skirt
        3. Blouse
        4. Pinafore
        5. Pin cushion and equip sewing box
        6. Hand-hemmed towel
        7. Laundry bag
        8. Beach coat
        9. Shift
    - d. Including hemming, replacing buttons, snaps, hooks, eyes, ripped seams

D. Laundry Area

1. Use and care of washer (use, safety, fabrics)
2. Use and care of dryer (use, safety, fabrics)
3. Sorting and preparing clothes for washing
4. Folding, ironing and storing linens
5. Care of linens, towels, clothing, et cetera
6. Use of dry irons and steam irons
7. Neatness and quality of work
8. Shirting and finishing
9. Shirt sorting
10. Speed and organization of work
11. Washing, rinsing, bluing, starching, hanging
12. Sprinkling
13. Methods
    - a. Hand washing
    - b. Wash board
    - c. Wringer washer
    - d. Automatic washer

E. Personal Grooming

1. Care of hair (Shampooing, drying, curling or setting) daily care of hair and scalp
2. Personal hygiene—menstrual cycle, bathing
    a. Teeth, mouth, and face
    b. Cleaning and makeup
    c. Personal bathing
    d. Washing hands before eating
    e. Personal cleanliness in all respects
3. Selection and care of foundation garments: size and fabric, styles, cleaning
4. Selection and care of outer garments: size, style, cleaning
5. Study of fabrics—appropriateness, economy, durability, kinds

F. Rehabilitation for Daily Living

1. Proper use of telephone
2. Ability to tell time
3. Ability to travel
4. Identification of simple signs
5. Proper use of leisure time
6. Proper use and value of money, counting money
7. Counting, measuring, et cetera
8. Ability to read and write her name
9. Ability to follow oral and written directions
10. Appropriateness of dress
11. Application of social graces and manners
12. Ability to complete and fill out a simple application blank
13. Personal health and appearance
14. Suggestions for living at home
15. Suggestions for living away from home
16. Recreation
17. Citizenship
18. Ways to get along with the "boss"
19. Ways to get along with fellow workers
20. Personal relationships
21. Group relationships
22. Job interview
23. Purpose of Social Security cards
24. Sexual education

G. Health and Safety

1. How to put out fires
2. Treatment of minor cuts and burns

3. Basic poison antidotes
4. Reading basic signs, e.g., Danger, Caution, Exit, Keep Off, Explosives, Walk Facing Traffic, Keep to Right, No Smoking, Stop-Look-Listen, Crossroads-Caution, et cetera
5. Home arrangement for safety
6. Health and eating habits, diets
7. Good posture

H. Field Trips

1. Market
2. State Capitol
3. Bus Trip
4. Department Store
5. Social Security Office
6. Art Museum
7. Nursery and Greenhouse
8. Picnic and swimming
9. Dairy and Bakery
10. Commercial Laundry and Dry-cleaners
11. Zoological Park
12. Bottling Plant

I. Child Care

1. Safety of Child
2. Feeding and clothing
3. Babysitting

V. DAILY CLASS SCHEDULE

The EPVC Course class schedule has always been extremely flexible. Classes and evaluation-adjustment training were in progress from 8:30 a.m. to 4:30 p.m., five days per week, Monday through Friday. The daily time schedule follows:

1st period	8:30- 9:30
2nd period	9:35-10:10
Break	10:10-10.20
3rd period	10:20-12:00
Lunch	12:00- 1:00
4th period	1:00- 2:00
5th period	2:05- 2:40
Break	2:40- 2:50
6th period	2:50- 3:30
7th period	3:35- 4:30

New Year's Day, Good Friday, Fourth of July, Labor Day, Thanksgiving, and Christmas Day were observed as holidays. The Center operates on a year-round basis, which seems to be a very practical procedure.

VI. SUGGESTED ACTIVITIES

A. Evaluation

1. Check on attendance
2. Check on punctuality
3. Check on initiative
4. Willingness to follow instructions
5. Memory of how to use equipment
6. Observation of behavior with other clients
7. Observation of behavior both with and without supervision
8. See if client is willing to ask for help when in doubt
9. Check for previous knowledge and experience
10. Is client interested in doing a good job?
11. Client's reaction to praise or criticism of work
12. Treatment of equipment
13. Interest span
14. Wise use of coffee breaks
15. Check on ability to learn quickly
16. Check on quality of work performed
17. Level of aspiration of client
18. Level of aspiration of family

B. Evaluation and Adjustment

1. Informal discussion
2. Group activity
3. Two people working together
4. Check for planning ability
5. Time required to complete task
6. Observing and improving work tolerance

C. Evaluation and Training

1. Learning to use and care for automatic washer
2. Learning to use and care for automatic dryer
3. Basic fundamentals of cooking
4. How to follow a recipe
5. How to use electric range for cooking, baking, and broiling
6. How to care for electric range
7. How to set a table
8. How to wash dishes
9. How to prepare a meal
10. How to use electric sweeper

D. Training

1. How to sort and prepare clothes for washing
2. How to use dry and steam irons
3. How to measure correctly
4. Use and care of mixer
5. Use and care of coffeemaker
6. How to plan balanced menus
7. How to dust
8. How to mop and wax
9. How to use a sewing machine
10. How to cut out and use a pattern
11. How to make a bed
12. Child care
13. How to serve and wait tables
14. How to wash windows
15. How to fold and store linens, towels, et cetera

E. Adjustment and Training

1. Table manners
2. How to entertain guests at a party
3. How to budget time
4. How to budget household duties
5. How to handle money
6. How to answer the telephone
7. How to answer the door
8. How to be well groomed
9. Appropriate clothes for different occasions

VII. BIBLIOGRAPHY AND LISTS OF MATERIALS

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VIII. FILM STRIPS AND MOVIES

A. Film Strips

The following Film Strips can be purchased from:

Eye Gate House Audio Visual Aids to Instruction
146-01 Archer Avenue, Jamaica 35, New York

1. *The Job Interview*
2. *How to Use Your Checkbook*
3. *The Variety Store*
4. *The Nurses Aide*
5. *The Waitress*
6. *The School Cafeteria Worker*
7. *Your Body and How to Take Care of It*
    a. *Take Care of Your Health*
    b. *Your Lungs and How You Breathe*
    c. *The Digestive System*
    d. *Your Ears and Hearing*
    e. *Your Bones and Muscles*
    f. *Your Heart and Circulation*

   - g. *Your Eyes*
   - h. *Your Teeth*
   - i. *Man's Battle Against Disease*

The following Film Strips can be purchased from:

Wheat Flour Institute
309 West Jackson Blvd., Chicago 6, Illinois

8. *Judys Family Food Notebook*
9. *Sandwiches Please*

B. Movies

1. Social

   The following Movies can be purchased from:

   Young America Films
   18 East 41st Street, New York 17, New York

   - a. *The Show Off*
   - b. *The Other Fellows Feelings*
   - c. *The Gripper*
   - d. *The Bully*
   - e. *Cheating*
   - f. *The Good Loser*
   - g. *The Gossip*

   The following Movie can be purchased from:

   Coronet Films, Sales Department
   65 East South Water Street, Chicago 1, Illinois

   - h. *Social Courtesy*

2. Living

   The following Movies can be purchased from:

   Young America Films
   18 East 41st Street, New York 17, New York

   - a. *Baby Sitter*
   - b. *Your Responsibility*
   - c. *Table Manners*
   - d. *Your Table Manners*
   - e. *Procrastinator*

   The following Movies can be purchased from:

   Modern Talking Picture Service
   910 Penn Avenue, Pittsburgh 22, Pennsylvania

   - f. *A New Star in Hollywood*
   - g. *Adventures in Home Decor*

3. Safety

   The following Movies can be purchased from:

   Encyclopaedia Britannica Films
   450 W. 56th Street, New York 19, New York

   - a. *First Aid*
   - b. *First Aid on the Spot*
   - c. *First Aid—Care of Minor Wounds*

4. Health

The following Movies can be purchased from:
Encyclopaedia Britannica Films
450 W. 56th Street, New York 19, New York

- a. *Care of Skin*
- b. *Keeping Clean and Neat*

The following Movie can be purchased from:
Calvin Productions Inc.
Kansas City, Missouri

- c. *Dance Little Children*

The following Movies can be purchased from:
McGraw Hill Company
330 W. 42nd Street, New York 36, New York

- d. *Human Reproduction*
- e. *Body Care and Good Grooming*

The following Movie can be purchased from:
Modern Talking Picture Service
910 Penn Avenue, Pittsburgh 22, Pennsylvania

- f. *Molly Grows Up*

The following Movie can be purchased from:
Young America Films
18 East 41st Street, New York 17, New York

- g. *The Innocent Party*

The following Movie can be purchased from:
Avis Films
904 East Palm Avenue
Burbank, California

- h. *Good Health Practices I & II*

The following Movie can be purchased from:
Coronet Instructional Films
Coronet Building, Chicago, Illinois

- i. *Food That Builds Good Health*

The following Movie can be purchased from:
Castle Films
United World Films Inc., 1445 Park Avenue
Department 634, New York 29, New York

- j. *Health and Happiness*

5. Food

The following Movies can be purchased from:
Encyclopaedia Britannica Films
450 W. 56th Street, New York 19, New York

- a. *Your Food*
- b. *Fundamentals of Diet*
- c. *Bread*

The following Movies can be purchased from:
Modern Talking Picture Service
910 Penn Avenue, Pittsburgh 22, Pennsylvania

- d. *Romance of Cheese*
- e. *New Story of Milk*

IX. SUGGESTED EVALUATION PROCEDURES

A. Follow-up on all clients served by Project Director, Project Social Worker, DVR Field Counselor, Project Technical Counselor.

B. Critical analysis by rehabilitation staff—State Supervisors, Center Superintendent, Field Counselors, Project Advisory Committee Members.

X. LIST OF TEACHING AIDS

A. Rochester Occupational Reading Series.

Co-Editors, Herman R. Goldberg and Winifred T. Brumber.
Syracuse, New York: Syracuse University Press, 1954.

B. Graflex, Inc. Programmed Instruction.

Christopher L. Faegre, Program Editor. Rochester, New York.

1. Time Telling
2. Arithmetic Facts Practice Program—Books 1 and 2
3. Addition of Fractions
4. Learning About Fractions
5. Multiplication of Numbers from 2 to 10.

C. Magazines

1. *Good Housekeeping*
2. *Better Homes and Gardens*
3. *The American Home*
4. *Food Service Magazine*
5. *What's New in Home Economics*
6. *McCall's*
7. *House Beautiful*
8. *House and Garden*
9. *Ladies Home Journal*
10. *McCalls Needle Work and Crafts*

Appendix C
Policy Letters

VOCATIONAL REHABILITATION DIVISION
Room W-400, State Capitol Building
Charleston 5, West Virginia

May 4, 1962
SVR: 62-DL-67
Distribution: B

SUBJECT: Project 957, A Program of State-Wide Vocational Rehabilitation Services for the Mentally Retarded

Project 957, A Program of State-Wide Vocational Rehabilitation Services for the Mentally Retarded, has been approved by the Office of Vocational Rehabilitation, effective May 1, 1962. Attached is a copy of the Project Plan. Project staff members have not yet been selected.

It is tentatively planned to admit the first class on July 1, 1962. Policies and procedures for the Project will be issued following the selection of Project personnel. Meanwhile, each field counselor should identify possible candidates for the new program, using the following general criteria:

1. Single females between the ages of sixteen and twenty-one.
2. I.Q. in the approximate range of 50-75.
3. Expectation that the person selected will benefit from a comprehensive program of diagnostic/adjustment services.

One of the basic features of Project 957 is the involvement of all members of the professional staff. This project can become the stimulus for a broad program of services for the mentally retarded.

F. Ray Power, Director

Attachment

VOCATIONAL REHABILITATION DIVISION
Room W-400, State Capitol Building
Charleston 5, West Virginia

June 27, 1962
SVR: 62-DL-83
Distribution: B

SUBJECT: Selection and Referral of Cases for Project 957, A Program of State-Wide Vocational Rehabilitation Services for the Mentally Retarded.

The first class will be admitted on August 1, 1962, for services under Project 957, A Program of State-Wide Vocational Rehabilitation Services for the Mentally Retarded. To assure state-wide coverage, each district and branch office is requested to submit its two best cases for consideration no later than July 10, 1962. Project staff will select cases from this group and from eligible persons already enrolled at the Center. Field counselors will be notified by July 20 as to those selected and the disposition made of applications for those not included in the first class.

The purpose of the course is evaluation and prevocational conditioning for mentally retarded girls directed toward a goal of employment. Recommendations for further rehabilitation services will be made at the end of the eight-weeks' period.

Each counselor and supervisor should review the Project Plan attached to Director's Letter 67, dated May 4, 1962, in order to discuss the Project effectively with prospective clients, parents, and community groups. Parents should be given assurance that there will be close supervision during the entire period of Center residence.

The Project is diagnostic in nature, so economic need is not a factor governing eligibility for services. However, the same criteria relating to economics need will be applicable as with other Center clients. The establishment of economic eligibility is particularly important in regard to emergencies, laundry and incidentals. If the family does not meet economic standards of eligibility, it should be clearly understood that the family, rather than the Division, will pay costs related to illness and other emergencies, as well as laundry and incidentals.

Following are procedures for case selection, casefinding, and pre-admission processing, preparation of plans, arrangement of case material, submission of applications, and return of case material to counselors:

Case Selection (General Criteria)

1. Single females between the ages of sixteen and twenty-one
2. I.Q. in the approximate range of 50-75
   (Criteria relating to age and I.Q. may be flexible, providing clients can be grouped homogeneously.)
3. Expectation that person selected will benefit from a comprehensive program of diagnostic and prevocational services.

Casefinding and Pre-Admission Processing

This involves the screening and preparation of clients for admission to the Center. This will be done by field counselors in collaboration with the Project Director. The Project Director will be available for psychological evaluation of clients as indicated. The field counselor, with assistance and consultation from the Project Director, will be responsible for pre-admission counseling interviews with the client and her parents.

Preparation of Vocational Diagnostic Plan for Project 957 Cases Being Sent to Center

The minimal requirements for *all* Project 957 cases are the same as other cases sent to the Center, (See Case Service Policy Letter No. 2, dated July 11, 1960) except for the following:

1. Record of school grades and/or special education class reports.
2. All cases must have an individual psychological evaluation, such as the WAIS, S-B, W-B, WISC, and Grace Arthur.
3. Form 957-1, "Intake Interview Application Form," will be used in lieu of Form R-4 (Copy attached).

Arrangement of Case Material

Same as other case material submitted to Center (See Case Service Policy Letter No. 2, dated July 11, 1960).

Submission of Applications for Project 957 Services

Same procedures as for other Center applications, except that counselor will submit case material to the Project Director, Project 957.

Return of Case Material to Field Counselor

1. Upon completion of Project 957 and Center services the case material including significant findings, progress reports, or other data collected during client's stay at the Center will be returned to the counselor.
2. Upon completion of the course (EPVC) the Project Director will prepare a progress report on each client, with recommendations. The field counselor, with assistance and consultation from the Project Director, will follow through in an appropriate manner on these recommendations.

Questions relating to the Project should be directed to Mr. William R. Phelps, Project Director, or Mr. Earl W. Wolfe, Assistant Director, Research and Program Development.

F. Ray Power, Director

Attachment.

VOCATIONAL REHABILITATION DIVISION
Room W-400, State Capitol Building
Charleston 5, West Virginia

September 13, 1962
SVR: 63-DL-13
Distribution: B

SUBJECT: Curriculum Guide for Project 957, A Program of State-Wide Vocational Rehabilitation Services for the Mentally Retarded.

The first class of ten clients was admitted on August 27, 1962. The Project staff is now complete and includes the following persons:

Project Director—Mr. William R. Phelps
Technical Counselor (Domestic Arts)—Miss Beverly Smith
Housemother—Mrs. Phoebe Prunty
Secretary—Mrs. Judith Holt

Attached is a copy of the Curriculum Guide for the Evaluation and Pre-vocational Conditioning Course (EPVC Course). This should help each staff member to know more about what each client will undergo during her experience within the EPVC Course.

Four of the five District Offices have clients represented within the first class. Presently seventeen other clients have been accepted for Project 957 Services. It is anticipated that the second group of clients will be admitted on October 29, 1962. This project can broaden the scope of services for the mentally retarded to a considerable degree. Therefore, all professional staff members need to become involved to the fullest extent possible.

F. Ray Power, Director

Attachment

WEST VIRGINIA REHABILITATION CENTER

Institute, West Virginia

Memo
To: All Staff
From: William R. Phelps, Project Director
Date: October 29, 1962
Re: Laundry Unit—Project #957

To prevent any misunderstanding regarding the purpose and the function of this area the following information is issued:

(1) One purpose of the project is to determine the effectiveness of various motivational devices, including *monetary* remuneration for piecework production in the laundry unit.

(2) To serve for *evaluation* in laundry activities, prevocational experience and some minor degree of training.

Therefore, the following procedures and policies are established for your information:

(A) Those clients in the medical treatment area, who are severely disabled and unable to do their own laundry, will be able to continue to have their laundry done by Project 957. However, those who receive $2.00 per week for laundry and incidental money will be expected to pay for this service, as well as others who are able to do so.

(B) Staff laundry may be done on a limited basis, but small remuneration will be expected here also.

(C) All girls within the unit will do their personal laundry, *but* not laundry for boyfriends, other clients at the Center (who are able to do their own laundry), etc.

(D) The small amount of money collected for this service will be utilized by all the project students for items for the classroom unit, dormitory unit, parties for the project clients, and for other purposes as the Technical Counselor may deem beneficial for the group.

(E) Any laundry to be done in the unit *must* be cleared and processed through the Technical Counselor.

(F) The Technical Counselor will determine the amount of money to be collected for the service provided.

We feel this aspect of the program will be beneficial to the clients in the nature of incentive, how to handle money, etc. Your cooperation in helping to make this a success will be very much appreciated. However, all laundry to be done within the unit, will be accepted with the understanding that it is being used for teaching and evaluation purposes, and should be submitted at the owner's risk. The laundry unit cannot specialize in same day service, and we should be given a few days to get the work completed.

VOCATIONAL REHABILITATION DIVISION
Room W-400, State Capitol Building
Charleston 5, West Virginia

July 8, 1963
SVR: 64-APL-1
Distribution: B

SUBJECT: Basic Medical Examination for Project 957 Clients

Effective July 1, 1963 all Project 957 clients who enter the Center will receive a Basic Medical Examination from Dr. Marcel Lambrechts, Project Medical Consultant. The examination by Dr. Lambrechts will not eliminate any of the pre-admission medical development currently required. The examination will serve the purposes of confirming diagnosis, identification of new or previously unidentified impairments, and the procurement of information relative to causation of mental retardation.

The Division will pay $10.00 for each examination and the costs will be paid from the field counselor's case service budget. Authorizations will be issued by the Center in accordance with established policies.

F. Ray Power, Director

Appendix D
Project Forms

Form 957-1 (6-62)

CONFIDENTIAL
Project 957

WEST VIRGINIA REHABILITATION CENTER
Institute, West Virginia

INTAKE INTERVIEW APPLICATION FORM

I. Identification:

Name.................................... County..............................
Address.................................... Telephone..............................
Referred by.................................... Date..............................
Date of Birth.................... Place of Birth..............................
Social Security No.................... Allowed BOASI ( ) Yes ( ) No
Age.......... Sex.......... Race.......... Height.......... Weight..........
Martial Status ( ) Married ( ) Single ( ) Divorced ( ) Widowed
Father.................................... Occupation.............. Education..........
Mother.................................... Occupation.............. Education..........
Person to notify in case of emergency..............................

II. Diagnosis:

(1) Major Disability (Describe)..............................
(2) Secondary Disability (Describe)..............................
(3) Additional Handicaps (Describe)..............................
Medications: (Kind).............................. (Dosage)..............................

III. Education (Years Completed).......... Grades.......... Literacy
Regular Class.................... Special Education Class....................

IV. Employment History (Specific and Detailed)..............................
....
....
....
....

V. Family Background and Home Members:

Name	Age	Relationship	Occupation	Education

VI. Sources of Family Income:

DPW-ADC ____________
DPW-CWD ____________
Workmens Compensation ____________
Unemployment Compensation ____________
Veterans Administration ____________
DPW-ADCU ____________
DPW-CCD ____________
Pension ____________
OASI ____________
Other ____________

VII. Psychological Test Results:

W-B, I V ________ P ________ F ________
W-B, II V ________ P ________ F ________
WAIS V ________ P ________ F ________
WISC V ________ P ________ F ________
S-B (L) C.A. ________ M.A. ________ I.Q. ________
S-B (M) C.A. ________ M.A. ________ I.Q. ________
S-B (L-M) C.A. ________ M.A. ________ I.Q. ________
OTIS I.Q. ____________
REVISED BETA: BETA I.Q. ____________
OTHER ____________

VIII. Retardation Affiliations:

Membership in NARC? ( ) Yes ( ) No
Member of State and Local Retarded Association? ( ) Yes ( ) No
Member of American Assn. on Mental Deficiency (AAMD)?
( ) Yes ( ) No

IX. Appearance:

(1) Neat and Tidy ____________
(2) Dressed appropriately for age ____________
(3) Clean (Hair, nails, etc.) ____________
(4) Alert, Energetic ____________

X. Level of Functioning (Answer yes, no, undetermined):

(1) Identify name, age, address, telephone number? ____________
(2) Write or print name, address, telephone number? ____________
(3) Read simple signs (Stop, go, danger, men, women, bus, train, telephone, etc.) ____________
(4) Tell time to nearest hour, half-hour, quarter hour, exact hour? ____________
(5) Dial a telephone (own number, operator, emergency, Rehabilitation Center, use a pay phone)? ____________
(6) Trusted with money, identify coins, make change (how much)? ____________
(7) Is client capable of travel? ____________

XI. Personality:

(1) Withdrawn ____________
(2) Self-Occupied ____________
(3) Apathetic ____________

(4) Passive ____________________
(5) Hypochondrical ____________________
(6) Phobias ____________________
(7) Distractable ____________________
(8) Hyperactive ____________________
(9) Wanderer ____________________
(10) Aggressive ____________________
  (a.) Verbally ____________________
  (b.) Physically ____________________
(11) Tantrums ____________________
(12) Negativistic ____________________

XII. Parents:
(1) Degree of Interest
  (a.) Overly Interested ____________________
  (b.) Appropriate Interest ____________________
  (c.) Neglectful ____________________
(2) What goals do they have? ____________________
____
____
(3) Index level of family adjustment? ____________________
____
____
(4) Family's attitude toward client and retardation? ____________________
____
____
(5) Family's attitude toward Center and Project 957? ____________________
____
____
(6) Counselor's impression of family? ____________________
____
____

XIII. Appraisal and recommendations:
(1) Disability: ______Mild ______Moderate ______Severe
(2) Does client's emotional adjustment offer handicap to diagnostic/adjustment program and/or employment? ______
(3) Is client's motivation for Rehabilitation: ______Strong; ______Weak; ______Passive?
(4) Counselor feels______; does not feel______ that services under Project 957 should be initiated.

(Date)______________ (Counselor)____________________

Form 957-2 (6-62)

This Information Is Confidential
Project 957

West Virginia Rehabilitation Center
Institute, West Virginia

COMPREHENSIVE EVALUATION FORM
(EPVC Course, Domestic Arts Unit)

Case No:
Counselor:

I. Name Sex Date
Birthdate Age (years & months)
Address Education
I. Q. Test and Score Date of Test
Vineland Social Quotient Date of Test
Wide Range Achievement Test: Reading ;
Spelling ; Arithmetic .
Other Test Results:

Date of Entrance to EPVC Course
No. of Days Attended: No. of Days Absent:
Major Reasons for Absence
No. of Days Late or Tardy Termination Date of EPVC Course

II. Check Appropriate Areas
Occupational—Vocational Activities

	Good	Average	Fair	Poor
Prepare Lunch				
Personal Grooming				
Dish Washing				
Simple Cooking				
Cleaning				
Discussion				
Serving				
Laundry				
Bedmaking				
Sewing				
Making Change				
Ironing				
Waxing				
Dusting				
Sweeping				
Mopping				

Telephoning	______	______	______	______
Travel	______	______	______	______
Use of Leisure Time	______	______	______	______
Arts and Crafts	______	______	______	______
Personal Hygiene	______	______	______	______
______	______	______	______	______
______	______	______	______	______
______	______	______	______	______
______	______	______	______	______

III. Recreational Activities:

(Answer Yes, No, or Undetermined)

1. Goes to recreational area often?______
2. Participates in games and sports?______
3. Talks with others?______
4. Appears ill at ease in groups?______
5. Is loud and boisterous?______
6. Attributes of a leader or follower?______
7. Accepted by others?______
8. Shows aggressiveness in playing games?______
9. Is she a good sport?______

IV. General Activities:

Answer Usually (U) every day; Sometimes (2-3 times a week (S); Rarely (R); Once, Never (N); Inapplicable (I); Improvement (+); Decline —(Minus); Remains the same (O).

1. Take care of personal needs?______
2. Goes to assigned group?______
3. Carries out assigned task?______
4. Does she have conflict with other members often?______
5. Does she listen to instructions when given?______
6. Client learns new task during first instruction?______
7. Does client have difficulty in learning new tasks?______
8. Client tries but doesn't master task______
9. Client improves with practice______
10. Client is able to recall tasks she has learned______
11. Client is able but does not try______

V. Level of Functioning: (Answer Yes, No, Undetermined, when answering)

1. Can client identify name, address, telephone number?______
2. Can client write or print name, address, telephone number?______
3. Can client read simple signs? (Stop, go, danger, telephone, men, women, bus station, etc.)______
4. Can client tell time to nearest hour, half-hour, quarter hour, exactly? ______
5. Can client dial telephone, own number, operator, pay telephone, emergency? ______
6. Does she know how to make change?______ How much?______

7. Is client trusted with money?..
8. Is client capable of traveling; if not, why?..
9. Does client travel now?.............. Mode of transportation..............
10. Self-help (Follow same scoring system as used in General Activities) Does client take care of self-help needs:
    a. Personal hygiene needs (menstrual)..
    b. Care of personal effects..
    c. Activities of daily living..
11. Are there any sexual problems?..

VI. Physical Productivity (Please check appropriate Traits)

........Tires easily and needs regular rest periods
........Minute dexterity good, even though gross movements are limited
........Great deal of energy
........Production consistent
........Production inconsistent
........Production standard for group
........Production below standard for group
........Worked energetically
........Worked steady, but not fast
........Good general strength
........Works whole day

VII. Response and Reaction to Supervision

........Respectful
........Disrespectful
........Needed firm control
........Resistive
........Cannot take orders
........Needed some
........Needed little

VIII. Social Adjustment

........Makes friends quickly
........Gets along well with all
........Was an isolate
........Tended to be a leader
........Tended to be a follower
........Gets along with some
........Does not mix well
........Keeps to self
........Popular and well liked.

IX. Emotional Expression

........Confident, secure
........Aggressive
........Shy, withdrawn
........Cheerful, pleasant, calm
........Irritable
........Depressed
........Indifferent
........Emotionally unstable
........Easily frustrated

X. Self and Personal Qualities

........Ambitious, enthusiastic
........Willing, cooperative
........Alert, resourceful
........Persistence
........Good personal grooming
........Can lead others
........Reliable
........Conscientious
........Attentive
........Resistive
........Uncooperative
........Inattentive
........Confused
........Poor personal grooming

XI. Vocational Adjustment

........Very quick to learn
........Improves steadily
........Learns all procedures
........Learns some procedures
........Learns few procedures
........Can follow instructions-written
........Can follow instructions-oral

........Desires work
........Rejects work
........Dislikes the area
........Little distraction
........Easily distracted
........Aware of safety rules

XII. Attendance

........Comes on time always
........Never or rarely absent
........Never or rarely tardy

........Comes late frequently
........Takes frequent breaks
........Reluctant to take a break

XIII. Attitude

........Alert
........Bored
........Worried
........Evasive
........Immature

........Antagonistic
........Cocky
........Timid
........Complains
........Friendly

........Self-confident
........Self-conscious
........Preoccupied

XIV. Disabilities Accompanying Mental Retardation

Speech Defect	Visual Defect
Epilepsy	Neurological Problems
Cerebral Palsy	Hearing Defect
Orthopedic	Other:
Emotional Problems (Severe)	Other:

XV. Summary

A. Evaluation of work at West Virginia Rehabilitation Center and EPVC Course #957

....
....
....
....

B. Significant changes noted during Evaluative-Adjustive Period

....
....
....
....
....

C. Impression of Client

Assets or strengths	Deficiencies or weaknesses

D. Recommendations of Project 957 Staff

Private Placement ____________________

Sheltered Placement ____________________

Training ____________________

Placement in Own Home ____________________

No Placement Recommended ____________________

Other ____________________

Date: ____________________

____
Project Director

WEST VIRGINIA REHABILITATION CENTER
Institute, West Virginia
TECHNICAL COUNSELOR'S EVALUATION FORM
(EPVC Course)

Client ____________________ Case No: ____________________

Date ____________________ Counselor ____________________

Please Check Appropriate Traits

A. Learning Ability
- ( ) 1. Quickly and retains instructions
- ( ) 2. Has ability to learn
- ( ) 3. Needs repeated instructions
- ( ) 4. Cannot absorb instructions
- ( ) 5. Has learning ability, but personality slows learning process

B. Cooperation
- ( ) 1. Work easily with others, courteous and cooperative
- ( ) 2. Works fairly well with others, some cooperation and courtesy
- ( ) 3. Does not work well in a group

C. Self-Control

( ) 1. Even tempered, shows adequate self-control
( ) 2. Fairly even tempered, usually avoids display of emotions, is not easily disturbed
( ) 3. Is easily disturbed, shows excessive emotion

D. Reaction to Supervision

( ) 1. Needed some
( ) 2. Needed little
( ) 3. Needed firm control
( ) 4. Resisted any supervision

E. Degree of Supervision

( ) 1. Minimum supervision
( ) 2. Medium supervision
( ) 3. Close supervision
( ) 4. Full-time supervision

F. Interest

( ) 1. High interest
( ) 2. Some interest
( ) 3. Acceptable
( ) 4. Tolerated it
( ) 5. Resisted it

G. Industry

( ) 1. Consistently hard worker
( ) 2. Fairly consistent
( ) 3. Wastes time, does not apply herself

H. Punctuality and Attendance

( ) 1. Present everyday
( ) 2. Generally present
( ) 3. Frequently absent

I. Personal Appearance

( ) 1. Neat and clean
( ) 2. Fairly neat and clean
( ) 3. Careless
( ) 4. Unkept and untidy

J. Physical Limitations

( ) 1. Visual
( ) 2. Auditory
( ) 3. Cerebral palsy
( ) 4. Seizures
( ) 5. Emotional
( ) 6. Speech defects
( ) 7. Poliomyelitis
( ) 8. Other (Specify) ____________

K. Training Potential

( ) 1. Good
( ) 2. Fair
( ) 3. Poor
( ) 4. None
( ) 5. Limited

L. Recommendations for Training

( ) 1. Yes
( ) 2. No

M. Placement Potential for Client

With Training:	Without Training:
( ) 1. Good	( ) 1. Good
( ) 2. Fair	( ) 2. Fair
( ) 3. Poor	( ) 3. Poor
( ) 4. None	( ) 4. None
( ) 5. Limited	( ) 5. Limited

	Yes	No		Yes	No
1. Finds work to do	( )	( )	6. Is overly social	( )	( )
2. Has pride in work	( )	( )	7. Is disturbing influence	( )	( )
3. Is asset to job area	( )	( )	8. Distracts easily	( )	( )
4. Is overly aggressive	( )	( )	9. Gives up easily	( )	( )
5. Is overly withdrawn	( )	( )	10. Completes work assignments	( )	( )

VOCATIONAL EVALUATION

I. Kitchen Area (Helper, Cooking and Baking)

	Good	Average	Fair	Poor
a. Washing, rinsing, drying kitchen utensils				
b. Washing and rinsing towels				
c. Sweeping floor				
d. Care of trash and garbage				
e. Cleaning, chopping and pealing foods				
f. Scraping dishes and stacking dishes				
g. Cleaning, sorting, storing silverware				
h. Cleaning tables, chairs, counters, walls, floors, windows, equipment, etc.				
i. Setting up of trays putting away dishes, wrapping, filling, etc.				
j. Preparation of food, according to recipes and instructions				
k. Preparation of servings				
l. Aptitude for bread making, cake making, pastry making				
m. Preparation of meats, vegetables, salads, desserts, beverages, etc.				
n. Read menu				
o. Set table				
p. Washing dishes				

q.				

II. Sewing Area	Good	Average	Fair	Poor
A. Sewing Machine Orientation				
1. Basic machine function				
2. Removal of dust and lint				
3. Lubrication of motor				
SUMMARY RATING				
B. Speed control and posture				
C. Threading				
1. Selecting of proper needle				
2. Upper threading				
3. Bobbin threading				
SUMMARY RATING				
D. Seams & Finishes (Machines)				
1. Plain seam				
2. Pinked seam				
3. Pinked & stitched				
4. Flat-felled seam				
5. Slotted seam				
6. Bound seam				
7. Crossed seam				
SUMMARY RATING				
E. Construction stitches (hand)				
1. Running stitch				
2. Even basting				
3. Diagonal or slanted basting				
4. Uneven basting				
5. Back stitch				
6. Tailor tacks				
SUMMARY RATING				
F. Special Advanced or Problem Activities				
1. Buttonhole Attachment				
2. Alterations:				
a. Simple				
b. Complex				
3. Making a Simple Garment:				
a. Apron				
b. Skirt				
c. Blouse				
d. Pinafore				

	Good	Average	Fair	Poor
e. Hand-hemmed towel				
f. Pin cushion & sewing box				
4. Others:				

III. Housekeeping	Good	Average	Fair	Poor
A. Cleaning Agents				
1. Detergents				
2. Soaps				
3. Disinfectants				
SUMMARY RATING				
B. Vacuum Cleaner				
C. Bed Making				
D. Arrangement of room furniture				
E. Linen Handling				
1. Care of				
2. Storage of				
3. Use of				
SUMMARY RATING				
F. Care of Cleaning Equipment				
G. Sweeping				
H. Dusting				
I. Polishing and waxing				
J. Manners toward people who cause interruption of work				
K. Mopping (floors, walls, etc.)				
L. Sanitizing				

IV. Laundry Area	Good	Average	Fair	Poor
A. Use and care of washer				
B. Use and care of dryer				
C. Sorting and preparing clothes for washing				
D. Folding, ironing, and storing linens				
E. Care of linens, towels, clothing, etc.				
F. Use of dry irons and/or steam irons				
G. Neatness and quality of work				
H. Shirting and finishing				
I. Shirt sorting				
J. Speed and organization of work				

V. Personal Grooming	Good	Average	Fair	Poor
A. Care of hair and scalp				
1. Shampooing				
2. Drying				
3. Curling or setting				
B. Personal Hygiene				
1. Menstrual cycle				
2. Bathing				
3. Teeth, mouth, face				
4. Cleaning and Makeup				
C. Appropriateness of Dress				
D. Social graces and manners				

Remarks ______________________________

____

____

____

Form 957-18 (6-63)

CONFIDENTIAL
Project 957 (MR)

STATE OF WEST VIRGINIA
WEST VIRGINIA DIVISION OF VOCATIONAL REHABILITATION
West Virginia Rehabilitation Center
Institute, West Virginia

Basic Medical Examination Record for Project 957 Clients

Project Case No.
Date:
Name: Historian:

SYSTEMS REVIEW

Skin:
Bones, Joints, Muscles:
Lymph Nodes:
Head:
Eyes:
Ears:
Nose:
Mouth, Teeth, Mucous Membranes:
Throat and Lungs:
Breasts:
Cardiovascular System:
Gastro-intestinal Tract:
Genito-urinary Tract:
Menstrual History:
Endocrine System:
Allergic and Immunologic History:
Nervous System:

PHYSICAL EXAMINATION

Sex Color Age Temperature Pulse
Weight Height Head Circ. Blood Pressure
% % %

Project Case No.

General Appearance:

Skin, Nails, and Hair:

Lymph Nodes:

Skull:

Eyes:

Ears:

Nose:

Mouth:

Throat:

Neck:

Breasts:

Thorax & Lungs:

Peripheral Vascular System:

Heart:

Abdomen:

Genitalia:

Rectum:

Extremities:

Bones, Joints, and Muscles: Spine:

NEUROLOGICAL EXAMINATION

Cranial Nerves: I

II, III, IV, VI

Follows Light Pupillary Reaction: Light Accommodation Fundi

Project Case No. ....

Visual Fields .... Attention Fields ....

Strabismus: Non-paralytic .... Paralytic ....

Alternating .... Fixating eye ....

Nystagmus .... Evidence of visual defect ....

....

V Corneal Reflex: R .... L ....

....

VII Naso-labial folds R .... L .... Upper Facial R L

VIII Reacts to normal voice .... Loud Sounds Only ....

Whisper .... Tuning Forks ....

IX, X Gag Reflex .... Uvula .... Phonation ....

XI .... Taste ....

XII Tongue protrudes R .... Midline .... L .... Movements ....

Motor System and Coordination

Head Balance .... Sitting balance ....

Standing Balance .... Romberg ....

Reaches for objects: Smoothly .... Awkwardly ....

Manipulation of objects: ....

....

Finger to Nose: R .... L ....

Heel-Toe: R .... L ....

Abnormal Movements, postures: ....

Gait: ....

On toes .... On heels ....

Spine: ....

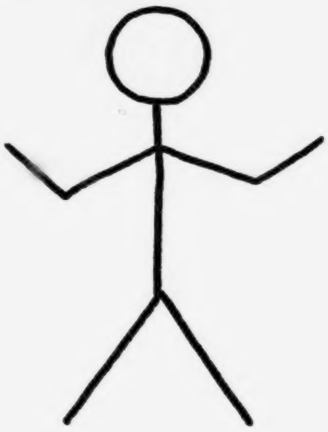
Joint Mobility: ....

Muscular Development: ....

....

Reflexes

Right



Left

Sensory System

Superficial sensation ....

....

Deep sensation R L

Project Case No.____________

Position
  Fingers ____________
  Toes ____________
Vibration
  Wrist ____________ ____________
  Elbow ____________ ____________
  Ankle ____________ ____________
  Knee ____________ ____________

Tongue____________ Drooling____________

Speech: Clear____________ Indistinct____________ Stutters____________

Sentences: ____________

Comprehension: ____________

Answers: ____________

Follows Directions: ____________

Impression and Comments: ____________

Recommendation: ____________

Additional Medical Records or Information Needed: ____________

Date____________ ____________M.D.
(Physician)

____
____
(Address)

DIVISION OF VOCATIONAL REHABILITATION

Institute, West Virginia

BE IT KNOWN THAT

....

Has Completed ....

Conducted at the West Virginia Rehabilitation Center

During the Period of..

And That She is Commended for Faithful Attendance, Cooperation, and Deportment

We Do Confer This Certificate

Given This .... Day of........................., 19........

....
Technical Counselor Project Director

957 (7-62)
957-9

PERMANENT RECORD INFORMATION
(PROJECT #957)

Last Name First Middle ---- Address (City) ---- County ---- State ---- Phone No. ---- Case No.

Age ---- Sex ---- Race ---- Marital Status ---- No. Dependents ---- Religion ---- Education ---- Counselor

Disability ---- (Primary) ---- (Secondary)

Source of Referral ---- (Yes)-( ) (No)-( ) Allowed BOASI ---- Medication

Date of Outset of Disability ---- Previous Occupation ---- Person to be notified in emergency

Date of Admission to Center ---- Date of Discharge ---- Total number days enrolled

Father's Name ---- Father's Occupation ---- Client's Social Security Number

Mother's Name ---- Mother's Occupation ---- Client's Source of Income

TEST RESULTS (SCORE)

Wechsler
(W-B, I, WAIS)
(W-B, II, WISC)
V= P= F=
(S-B) L, M, L-M, CA= M-A= IQ=
Vineland S-Q=
Other:

RETARDED AFFILIATIONS

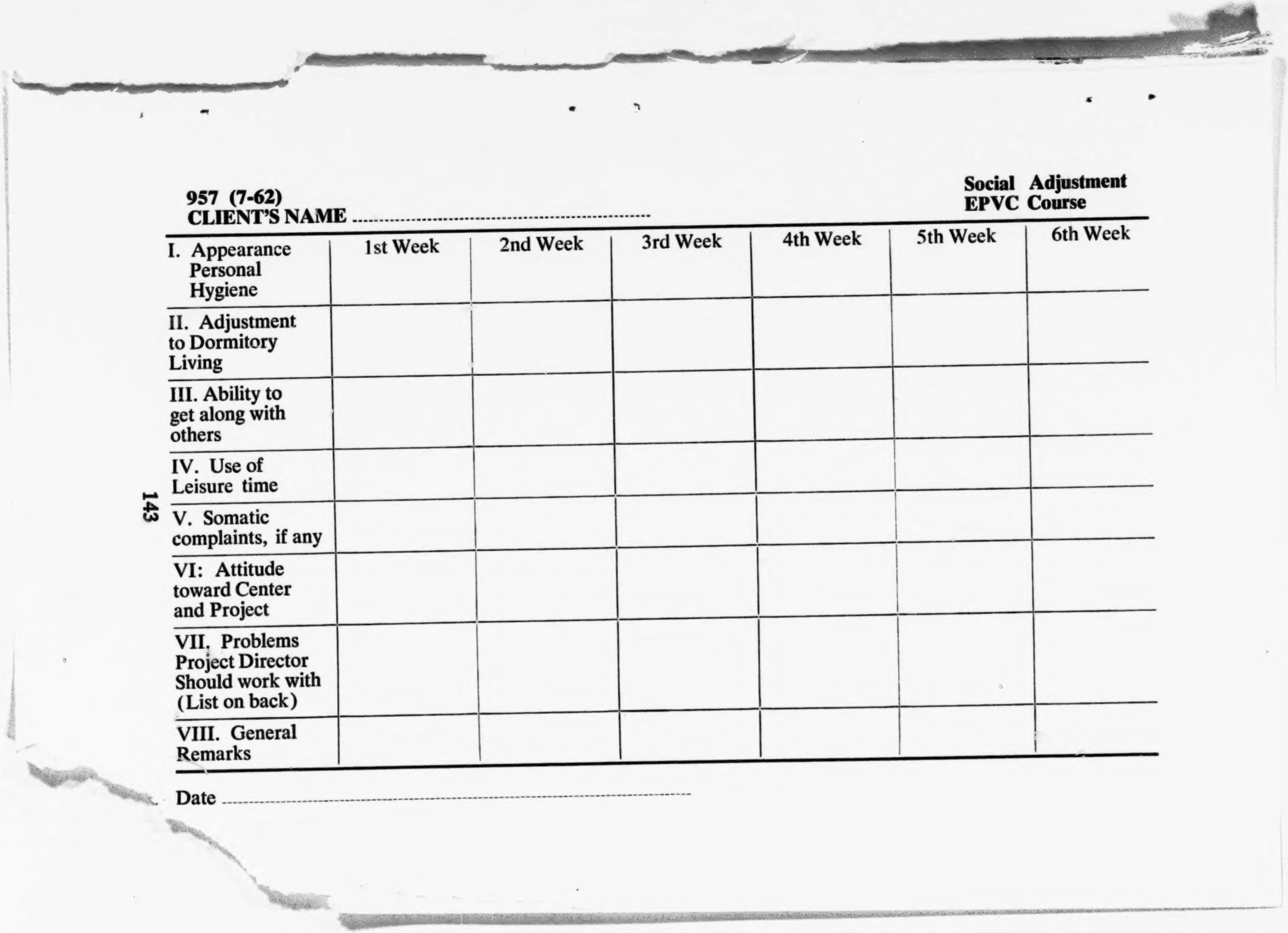
NARC Yes ( ) No ( )
AAMD Yes ( ) No ( )
Local & State Yes ( ) No ( )

OUTCOME

( ) Improved
( ) Unimproved
( )

RECOMMENDATIONS AND FOLLOW-UP

Training: Placement: Homebound:
Workshop: Other:



957 (7-62)
CLIENT'S NAME ....

Social Adjustment
EPVC Course

	1st Week	2nd Week	3rd Week	4th Week	5th Week	6th Week
I. Appearance Personal Hygiene						
II. Adjustment to Dormitory Living						
III. Ability to get along with others						
IV. Use of Leisure time						
V. Somatic complaints, if any						
VI: Attitude toward Center and Project						
VII. Problems Project Director Should work with (List on back)						
VIII. General Remarks						

Date ....

57 (7-62)
957-6

(EPVC Course, #957)

GROOMING CHECKLIST

Client's Name ____________________

Month ____________________

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Make up—Neat																									
Teeth Brushed																									
Nails Clean																									
Daily Bath																									
Clothes Clean and Neat																									
Shoes Neat																									
Hair Combed																									
	1st Week					2nd Week					3rd Week					4th Week					5th Week				

Comments:

____________________ Date

____________________ Technical Counselor

(957-12) 8-62

WORK APPLICATION FORM

1. Print your: Last Name First Middle
2. Print your: Street Address City State
3. Give Phone Number where you can be reached
4. When you were born Where you were born
5. Height Weight Color of: Eyes 'Hair
6. How long have you lived in West Virginia?
7. Are you: Single Married Widowed Divorced
8. How many dependents do you have
9. Do you have an automobile Can you drive an automobile
10. Circle the highest grade completed in school.
    1 2 3 4 5 6 7 8 9 10 11 12.
11. Name of last school you attended
12. What type of work do you do best
13. What type of work do you dislike
14. What type of work have you done Where
15. Give the names and addresses of two people who know you and your capabilities
    (a) Name Address
    (b) Name Address
16. Signature of applicant Date

957-13 (8-62)

INCIDENT REPORT—PROJECT 957*

Date & Day
Time of Day

Please report incidents and happenings which may later be referred to to illustrate the client's experience and her behavior.

Name Area
Others involved
INCIDENT
What preceded incident?
How did you handle incident?
Comments

Signed

*Please return to Project Director

957-16
(12-62)

Project 957

WEST VIRGINIA REHABILITATION CENTER
Institute, West Virginia
PARENT RATING SHEET

Client ______________________________
Name of Parent ______________________________
Relationship to Client ______________________________
Date ______________________________

Impressions of Parent:

Dress and appearance: ______________________________
____
____

Relation to Interviewer: ______________________________
____
____

Questions asked by parent: ______________________________
____
____

Any other pertinent observations, reactions: ______________________________
____
____
____
____

Mark from 4-0

Adaptable ______
Ambitious ______
Apathetic ______
Belligerent ______
Cheerful ______
Conservative ______
Cynical ______
Embarrassed ______
Evasive ______
Exhibitionistic ______
Friendly ______
Good Practical intelligence ______
Good test-type intelligence ______
Good vocabulary ______
Honest ______
Implusive ______
Incoherent ______
Independent ______
Interested ______
Laughed ______
Logical ______
Looked at Interviewer ______
Loquacious ______
Martyred ______
Phlegmatic ______
Relaxed ______
Rigid ______
Self-confident ______
Slow Speech ______
Smiled ______
Stable ______
Submissive ______
Tense ______
Terse ______
Understanding ______

Specific Recommendations Given to Parents by Project Staff ______________________________
____
____
____
____

____
Interviewer

957 (7-62)
957-7

FOLLOW-UP DATA

WEST VIRGINIA REHABILITATION CENTER

Institute, West Virginia

Demonstration Project #957 Counselor: ____________

Clients Name Birthdate

Last	First	Middle	Mo.	Day	Yr.	Entrance:
						Discharge:

Address (St. & No. or R.F.D.) City State

Case No:

A. Accepted as Eligible ☐ Give current status number (1-8)

1. Job objective ____________
2. Services planned or being given ____________

   a. Initiation of services—Date ____________
   b. Probable completion of services—Date ____________

B. Not Accepted (closed from Referral or Status 13 or 15) ☐

Reasons ____________

C. Vocational Rehabilitation Service Completed (12, 13, 15) ☐

Date Completed ____________

1. Employed (12) ☐ Date employed ____________

Type of Job ____________ Income $____________

per hour and/or day ____________.

2. Not employed (13). Status of case at completion ____________

3. Vacational Rehabilitation Services Terminated (14, 15) ☐

Date terminated ____________.

a. Reasons for termination before completion of services ____________

D. Major services provided. (List) ____________

E. Has Client begun a training program; Where? ____________

____________ Vocational objective ____________

F. If employed, place of employment ____________________

G. Has client changed jobs recently? ____ Yes; ____ No; If So, Why? ____

____

H. Name of person with whom client is living ____________________
Relationship ____________: Is the client making satisfactory adjustment to the home and family environment? ____ Yes; ____ No;
If not, what problems exist ____________________

____

____

____

I. Remarks: ____________________

____

____

Note: If this office can be of further assistance, please advise.
In order to adequately evaluate the success of the Research and Demonstration Project, your help in providing us with the preceding information will be appreciated. We are providing this form in duplicate since you may desire one copy for your own file.

From ____________________, Counselor

To: William R. Phelps   Date: ____________
Project Director
#957
W. Va. Rehabilitation Center
Institute, West Virginia

---

957 (6-19-64)
957-20

Project 957
For Project Staff Use Only

WEST VIRGINIA REHABILITATION CENTER
Institute, West Virginia

TO: ____________________, Counselor
FROM: William R. Phelps, Project Director, #957
DATE:
RE: *Counselor's Opinion Regarding Project Final Reports, Recommendations and Suggestions.*

You have had one or more clients in the EPVC Course, under the auspices of Project 957, during the past two and one-half years. In order to adequately evaluate the success of Project 957, we would appreciate your help in providing us with information relative to the helpfulness or usefulness of our Progress Reports to you. These reports have included the (1) *Comprehensive Evaluation Report,* (2) *Technical Counselor's Evaluation Report,* (3) *Psychological Report,* (4) *Comprehensive Medical Evaluation Report,* and (5) *Social Case History.*

The Project Staff needs to know if these reports have contributed and enabled you, as a DVR Field Counselor, (1) to work more effectively with mentally retarded girls, (2) provided useful information, in depth, relative to social, medical, vocational, psychological, and economic needs of the mentally retarded, (3) information relative to the influence of families and foster families in vocational rehabilitation of the mentally retarded, (4) problems relating to residential care of the mentally retarded at a rehabilitation center, (5) identification of unmet needs of specific groups of mentally retarded girls, (6) ways and means of meeting various needs, (7) problems relating to job placement, (8) evaluation of the client's readiness for appropriate DVR services, (9) contributions which will lead to a more comprehensive plan of services for the mentally retarded, and (10) a better public understanding and acceptance of the mentally retarded.

The Project Staff would appreciate your indicating how you *feel* about *Final Progress Reports* forwarded to you, by checking the appropriate blank below. Please keep in mind our overall goal of planning a continuous comprehensive vocational rehabilitation program for the mentally retarded.

I consider the following reports to be:

REPORTS	Most Helpful	Helpful	Not Helpful
I. Comprehensive Evaluation Report	☐	☐	☐
II. Technical Counselor's Evaluation Report	☐	☐	☐
III. Comprehensive Psychological Report	☐	☐	☐
IV. Comprehensive Medical Evaluation Report	☐	☐	☐
V. Social Case History	☐	☐	☐

I consider mentally retarded clients evaluated by Project 957 in comparison with my other mentally retarded clients, to be: easier to work with ☐ about the same ☐ more difficult ☐.

We feel the following *Personal* data may be of significance:

1. Age________. 2. Number of months employed as a DVR Counselor________. 3. Sex__________. 4. Estimated total number of completed mentally retarded cases or closures as a DVR counselor (status 12)________. 5. Number of completed mentally retarded cases during the last fiscal year, 1963-64 (July 1, 1963-June 30, 1964) (status 12)________. 6. Number of mentally retarded cases, Status 1-8________. 7. Number of mentally retarded cases, status o________. 8. Circle the highest number of years of education completed: 15 16 17 18 19 20 ________ other. 9. Check field of specialization: __________Psychology __________Education __________Social Work __________Sociology __________ Rehabilitation Counseling __________ Other (Specify).

10. Check Degree____A.B. ____B.S. ____M.A. ____M.S. ____Ed.D. ____Ph.D. ____Other

Counselor's comments on the need for more or different information:

Your help in providing us with the preceding information will be appreciated. If this office can be of further assistance, please advise.

From: ____, Counselor

TO: William R. Phelps
Project Director #957
W. Va. Rehabilitation Center
Institute, West Virginia

Date ________________________________

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BIBLIOGRAPHY

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